

S  
371.967

V3A

STATE DOCUMENTS



*Vocationally Handicapped*  
*Montana Indians*

REHABILITATION BY

*College Education*



FINAL REPORT  
of a  
RESEARCH AND DEMONSTRATION PROJECT

conducted at

Northern Montana College

September 1, 1961 - August 31, 1966

"TO IDENTIFY FACTORS ASSOCIATED WITH AND TO IMPROVE THE  
EFFECTIVENESS OF VOCATIONAL TRAINING IN REHABILITATING  
HANDICAPPED MONTANA INDIANS"

Sponsored and Operated Jointly  
by the

Montana Division of Vocational Rehabilitation  
and  
Northern Montana College

Supported, In Part, By A Research And Demonstration Grant  
From The  
Vocational Rehabilitation Administration  
Department of Health, Education, and Welfare  
Washington, D.C.

Grant Number 810-G

### Acknowledgements

So many dedicated and self sacrificing people have been associated in some way with the Indian Rehabilitation Project, its clients, and its work over the years that many must be remembered as one time elements in related service agencies. Their individual assistance, their understanding and their patient commitment to helping these few physically and socially handicapped Indians to a better life are nonetheless recognized and acknowledged here. That the project has been a novel one fraught by unusual difficulties is attested plainly by the broad variety of professional and other service people who contributed their talent to the effort. Project activities brought together at various times energies, skills and insights from more sources than can be considered at all typical of the rehabilitation mission.

We acknowledge particularly the assistance and support of key personnel in the following organizations: Division of Vocational Rehabilitation, Montana State Department of Public Instruction; Bureau of Indian Affairs, U.S. Department of the Interior; Division of Indian Health, U.S. Public Health Service; County and State Department of Public Welfare; Montana Employment Service, U.S. Employment Service; Tribal Organizations, including Councils, Welfare and educational service components, and; the Hill County Extension Service.

The remarkable extent to which the faculty of Northern Montana College became sensitized to the needs of vocationally disabled Indian students is worthy of high praise. The college administration was at all times helpful and supportive in working out fiscal and other such problems associated with project operation.

The Association on American Indian Affairs solicited and contributed private funds to the project, permitting the creation of a revolving fund that supplemented the grant award in essential ways. Individual private contributions in the form of clothing and money were also forthcoming during the first year of project operation and these contributors are thanked hereby once again for their willingness to participate in this venture.

## FORD' ORD

There is no more appropriate way to begin introduction of the complex experience that was the Indian Rehabilitation Project than by viewing its basic origins in retrospect through the recollections of the three men who were instrumental in its creation. The following statements were developed particularly for this report.

Thinking back beyond the time when the project first began, it seems now that it was indeed a series of exasperating, frustrating and disappointing experiences with educationally "ready" Indian clients that prompted our taking action.

While the overall DVR case records indicated that we could expect to rehabilitate proportionately about half as many Indians as members of the non-Indian general population, these records further showed that physical restoration services were provided Indians in a disproportionately large number of cases. On the average for the general client population, about 20 percent were physical restorative cases, while for Indians this percentage varied from 60 to 70 percent. So it can be seen that the reconstructed past success rate with Indians used as a basis for estimating Indian-white rehabilitation potential was established principally on the basis of non-training case experience.

Another perplexing factor involved in rehabilitating Indians by vocational training was the fact that many of them, after having been trained, did not go to work in their prepared fields.

In the course of trying to learn why we were having such poor fortune with the great majority of our Indian clients, these and other questions were discussed with reservation superintendents, educators, welfare workers, employment service people, employers, Bureau of Indian Affairs personnel, and many Indians other than those applying for DVR service. There were about as many ideas about problem causation and remediation approaches as there were people in need of service. At this juncture it seemed necessary to develop a responsible body of "factual" experience with disabled Indian clients, since opinions were more often naive, conflicting and negatively biased than dependable. No published literature relative to solving problems in rehabilitating Indians was known to exist and no other sources of a type immediately convertible to rehabilitation needs in this area had previously been assembled. Arising from these realizations, then, was our original initiative to compile relevant and meaningful information based on a planned, goal-directed effort set in proximity to reservations, needful people, an exceptionally appropriate training institution, a district DVR office, and manned by especially selected professional personnel. The degree to which my work and the efforts of countless others led to the fulfillment of our expectations is remarkable, given the many obstacles that developed ultimately in converting the idea to an operating program.

We hope that the values of this effort can be communicated and shared by those working in vocational rehabilitation and others who are seeking new insights or clarification of their present ideas and modes of decision-making with the socially disadvantaged client. Until this information and the suggestions incorporated in this report are implemented by others and tested under other different but similar circumstances we cannot be certain

of the value of what we have done. Those of us who have had the opportunity of interchanging ideas, experiences and problems with members of the project staff over the years have profited immensely. It is our hope that some of this stimulation and positive thinking about rehabilitating our First Americans will be disseminated and used by others to real advantage in meeting rehabilitation challenges wherever they may appear.

Wayne Fjosee, Senior Rehabilitation Counselor  
Montana Division of Vocational Rehabilitation, District #5  
Havre, Montana

Montana, within its seven Indian reservations, has one of the largest Indian populations in the nation, so it could be expected that our agency should be confronted frequently with problems unique to Indian citizens. Having been largely confined to reservations, the Indians were more or less shut in a kind of social closet, left to stumble about in the darkness. Early school drop-outs only accentuated the already existing vocational problems of the Indian. Little opportunity for suitable vocational training existed on the reservations, and this was particularly true for the disabled.

It had been the experience of the Montana Vocational Rehabilitation agency over a period of many years that the chances of rehabilitating a disabled Indian were infinitely lower than for non-Indian people. This was due to many poorly understood factors,

We in rehabilitation concluded that our chances of successfully rehabilitating the disabled reservation Indian would be greatly enhanced if we could provide him with suitable vocational training and guidance at a site near his reservation home. Such training would equip the Indian with skills which would fit him for employment opportunities on the reservation, for we had learned that the great majority eventually return there, regardless of the amount of training provided.

Persistent joint efforts eventually resulted in one of the finest examples of close understanding and working relationships between a large number of state, federal and private services who were concerned with the problems of the Indians. They soon could visualize that a pooling of their services, talents and resources could result in much greater benefits for the Indian. Seldom have we seen such a fine example of what concerted, wholehearted cooperation and understanding could do.

This special rehabilitation project has been a highly unique and interesting experience for us in the official rehabilitation agency. Our entire professional staff has become deeply involved. Counselors have carefully surveyed rehabilitation needs on every reservation in the state, screening suitable applicants for the project and planning proper training programs for them. There has been continuous supervision and follow-up by these counselors, and eventually they will be responsible for the successful job placement of project enrollees. We have been well pleased with the results achieved.

Mr. Glenn O. Lockwood  
Former State DVR Director, Now Retired  
Helena, Montana

From the beginning this project had all the earmarks of an exciting adventure in education, including the possibility of many new understandings arising out of the varied cultural differences of the group of Indians to be served and the numerous interpersonal relations which became an integral part of the day-to-day operation of the project.

Cultural differences were apparent between white people and the Indians. They were also noticeable between the several tribes from which the disabled Indians came. The language barrier was present although the professional staff directing the program did not have to learn a sign language in order to communicate with the students in the project. The students did have difficulty in many of the regular college subjects in which they participated and needed special help in order to achieve satisfactory work in the program of studies which they took. The education of minority groups is always a difficult problem in any culture and it is especially so among those who are physically, emotionally, or otherwise handicapped. The need for education in self-understanding, self-development, and self-fulfillment is apparent to anyone who works with minority groups. How to develop the kinds of self-understanding which will make it possible for an individual to function effectively in the mainstream of a culture is a most difficult problem. It was so with many of the Indians.

During the first two years when it was my privilege to be associated with the project we tried to show that at least some of the Indians could be rehabilitated through the services we had to offer. This was achieved and subsequent results have shown that we were on the right track from the beginning.

All who shared in this project no doubt received valuable insight and good ideas for the further development of projects of this nature and the incorporation of the results into the educational offerings of schools and colleges. All over the country we are at this moment deeply concerned with minority groups. It is vitally important that we do not forget that minority group which constituted the natives in America before the white man came.

Dr. L. O. Brockmann  
Former President of Northern Montana College  
Chairman, Department of School Services  
California State College, Fullerton

## PREFACE

The challenges accepted and the obligations inherited by those of us cast as helping agents under conditions of privileged human relations are diverse and commanding. IRP staff relationships with the Indian clients are now ended as are the daily pressures of counseling and problem solving. Beyond the client service aspect of the experience, the researching has also been completed. While these initial phases were accomplished vigorously and conscientiously, the final responsibility for communicating the salient facts and findings derived from intimate involvement with people, problems and questions is great indeed. This obligation and the effectiveness of its performance will determine to what extent future DVR relations with Indian clients will be more beneficial and productive than was previously the case.

Specific conclusions, clear solutions, and fully developed recommendations are the idealized outcomes of investigations of many kinds. It has been demonstrated often, however, that human behavior does not lend itself to simplification under conditions characterized by broad, exploratory research and a very limited observation sample. The IRP experience tended rather to produce better perspective on enduring, basic barriers to client self improvement. Certain rather penetrating insights were also forthcoming, as were further questions pertaining to the direction and intensity of factor impact upon Indian Rehabilitation.

The Indian Rehabilitation Project grew out of an untenable realization---an inordinately poor rehabilitation success rate with disabled DVR clients. When examined in depth and when viewed in proper focus, the prior achievement of even a moderate degree of success by the Indian disabled appears remarkable indeed. The myriad of stresses and conflicts associated with rehabilitation process requirements are indeed formidable in themselves, notwithstanding also the sometimes competitive nature of individual client experiences and attitudes.

The original project and plan of action were drawn up by persons other than those who actually executed the program. This explains in part some of the alterations in the scope and direction of IRP operation that developed over time in the course of meeting problems and in approaching IRP objectives. Some minor deviations were dictated by our direct involvement in and evolving conception of the Indian rehabilitation-related goals and the relative merits of approach avenues.

The organizational character and role of the IRP and its staff may be likened to that of a temporary, multi-purpose surveillance and evaluation unit attached temporarily to a vocational training institution. Project staff was actually independent of both the host institution and the co-sponsoring State DVR agency, permitting the emergence of a rather unique point of view---a perspective that was a meaningful and catalytic one for most participants. The project served as a liaison and communication intermediary between rehabilitation and higher education. This relationship was productive of an unusually intimate form of rapport and joint acceptance of decision-making and problem-solving roles.

These comments offer only small prelude to the narrative report. It is our hope that the concerned reader can adopt the spirit of inquiry that guided our work and which is manifest in our final deliberations.

As individuals and as a team, members of the project staff worked consistently to give the best possible service to the project and its clients. Any noteworthy IRP accomplishments resulted from their efforts: Mr. Leslie B. Davis, counselor and research specialist; Mr. Verne Dusenberry, counselor-consultant; Mr. Ford Johnson, counselor and instructor, and; Mrs. Jan Lucke, Miss Sonya Borlaug and Mrs. Catherine Malone who at various times occupied the secretarial position.

The central tribute awaits full development in the report proper since it is, after all else is considered, the Indian clients, their courage and their faith that are the essential testimony here. Lacking their willingness to subject themselves to the sometimes distressing and formidable conditions of off-reservation life in this modern world, the words and insights herein would have remained only a matter for continued partial expression in scattered contexts in forms and terms that would have remained, at best, speculative and untested.

Mac Johnson, Director and Research Supervisor  
Indian Rehabilitation Project  
Northern Montana College



## TABLE OF CONTENTS

ACKNOWLEDGEMENTS

FOREWORD

PREFACE

<u>CHAPTER I:</u>	<u>THE PURPOSES AND THE CONTEXTS OF THE PROJECT</u>	1
	The Problem...Project Objectives...The Training Institution...Indian Education...Indian Socio-Economic Conditions...Indian Health And Its Trends	
<u>CHAPTER II:</u>	<u>THE CLIENTS</u>	10
	Who Is An Indian?...The All-Referred And IRP Indian Groups...Comparison Groups...Inter-Group Trait Comparisons	
<u>CHAPTER III:</u>	<u>THE DEMONSTRATION AND RESEARCH PROGRAMS</u>	17
	The Demonstration Program- Referral And Case Finding...Applicant Workup...Pre-Vocational Evaluation...Client Intake...Guidance And Counseling...Remedial And Supplemental Education... Other Support Functions...Job Placement...Post-Training Followup....The Research Program	
<u>CHAPTER IV:</u>	<u>THE FINDINGS: THEIR NATURE AND EVALUATION</u>	26
	A National View...Reservation Culture And The Indian- Reservation Life...Some Influences Of Reservation Culture....Indian Education Results At MMC...Vocational Interests And The Training Demand...The Rehabilitation Effectiveness Of The Demonstration Program- The Analysis And Effects Of IRP Training Service...Appraisal Of The Post-Training Effects...Resultant Rehabilitation Benefits ...The Predictability Of Indian Academic Performance ....Classes Of Barriers To Indian Rehabilitation- Educational Readiness...Medical Care Demands... Problems Of Adjustment...Indian Needs, Values And Personality Differences	
<u>CHAPTER V:</u>	<u>REHABILITATION IMPLICATIONS AND RECOMMENDATIONS</u>	54
	Program Goals And IRP Findings..Meaning For The Montana DVR Program...Suggestions For Further Related Activities	
<u>APPENDICES:</u>	A - Special Case Studies And Summaries B - Summarized Statistical Data	
<u>ADDENDA:</u>	Cooperative Agreement Between The BIA And The Montana DVR Index To Standardized And Other Research Instruments	

## CHAPTER I

### THE PURPOSES AND CONTEXTS OF THE PROJECT

Widespread advancements in the field of rehabilitation over the past decade have resulted in a great variety of services that have benefitted the handicapped worker. Among these have been, of course, the ever increasing capabilities of rehabilitation counselors as well as improvements in the counseling process itself. The expansion of rehabilitation as concept and process far beyond the traditional realm of physical restorative service has placed imposing demands upon counselor versatility. This elaboration of the rehabilitation mission and philosophy has also occasioned greater awareness of theretofore undefined rehabilitation problem areas associated with social environmental handicaps as reflected in negative work productivity. The specification of rehabilitation problem categories in terms other than those defined medically represented a major step forward, the entrance into an era of full rehabilitation involvement in the general matrix of major social problems. No longer can rehabilitation settle for grappling only with a medically specialized interest in the broad context of social rehabilitation.

A notable product of these developments was Public Law 565, enacted in 1944, which authorized the Office of Vocational Rehabilitation to co-sponsor with State rehabilitation agencies special programs directed toward the solution of rehabilitation problems. Rehabilitators had long dealt with many clients whose environmental origins were lower than middle class and whose social conditioning tended to interfere, sometimes very effectively, with whatever assistance was marshalled laboriously in their behalf. However, efforts to cope with such problems directly by working exclusively with members of minority groups were virtually unknown. In the fall of 1961, just such an effort was inaugurated with disabled Indians living on federal reservations in Montana.

#### The Problem

Montana's population of over 687,000 people live in an area of 147,138 square miles. About 30,000 people or 4.4 percent of Montana's population, its reservation Indians, is contained within an area of about 13,000 square miles or within about nine percent of the total area of Montana. The Montana Division of Vocational Rehabilitation serves annually about 2,000 clients, of which about five percent are estimated to be reservation Indians. All Montana DVR clients are served by 11 rehabilitation counselors operating out of six district offices located strategically throughout the State. The seven federal reservations are located along all four of Montana's borders, creating the necessity of extended travel from any service center. Currently, all districts having reservation sub-areas are covered by four counselors whose territories are very extensive.

In 1955, a general sense of dissatisfaction had developed relative to DVR effectiveness in working with Indian clients. A survey of case records in the District #5 DVR office (which at that time served the four

northern reservations from which was later selected about 80 percent of all Indian Rehabilitation Project trainees) revealed a cumulative eight year operating percentage of closed as employed clients at 27 percent among whites and 14 percent among Indians. A very small proportion of the successful Indian clients had taken training at the college level; physical restoration and counseling were provided the most often and the few training cases occurred in trades training situations. It appeared that about twice as many white clients as Indian clients, proportionately speaking, had achieved satisfactory employment status.

Following the recognition of the above facts, a survey was performed to appraise in a very cursory way the rehabilitation potential of identifiable disabled Indians on the reservations. A hurried survey of the reservations produced data on 140 persons who ranged in age from 19 to 84, of whom only 45 were considered reasonable training cases. The average educational attainment level was the 7th grade. Two-thirds were married or had dependent children, averaging five per household. Two-thirds were receiving some sort of public assistance as income at the time of the survey, though it should be noted that this skewed picture resulted from the high incidence of the aged and the severely handicapped. Blindness, arthritis, and orthopedic deficiencies comprised 60 percent of all the disabilities, followed by tuberculosis, heart disease and epilepsy. About 10 percent were classified as mentally retarded or psychoneurotic. Unfortunately, this preliminary survey depended heavily upon data provided by Public Health Service and tribal and county welfare agency sources. The preponderance of aged and severely disabled persons contributed to an overly negative projection for rehabilitation purposes. The survey did, however, point up the necessity of performing a search for persons of younger age having less prominent physical or emotional handicaps.

In the years before the IRP began, Indian clients for whom training plans had been approved received services that differed in no particular way from those provided regularly to non-Indian clients. Experience showed that pre-vocational evaluation based on the appraisal of personal and work histories, educational background, and even testing data had low predictive value. Many subtle as well as markedly obvious communication inhibitors interfered persistently with the establishment of significant empathic and rapport relations with clients. Rehabilitation counselors were prohibited also from maintaining a chain of continuous contact with these clients because of their over-extended work loads. Adjustment and other types of conflict usually developed, resulting in withdrawals and/or delinquent behavior, about which virtually nothing could be done after clients had left the training institutions.

Little was known in any particularistic way about the vocational interest and ability patterns that might typify the disabled Indian group. Employment placement beyond satisfactory training seemed to offer, based upon assessments offered by agencies which had accumulated long histories in this area, another sort of barrier since home placement was usually preferred over relocation for employment. While home placements were often favored, needed employment opportunities simply were not available. The principal reservation occupations for which certain types of training could be applied were too often the types that, in this part of the country, were done on a seasonal rather than an annual basis.

Virtually no evidence was available to permit predictions concerning either the variability or the nature of inter-relationships between such factors as disability types, reservation life conditioning, the adequacy of reservation schooling, motivation, or learning capabilities as they might be influential upon training and employment.

Given the impetus of less than satisfactory service outcomes with Indian clients, questions were developed to learn why existing service programs were inadequate, to learn whether major program innovations were necessary and warranted by the referral demand, or to learn to what extent the disabled Indian's educability complex rendered and would probably continue to render services ineffectual.

Arising from this combination of facts, in context with a series of meetings convened at Northern Montana College (the vocational-technical arm of the University of Montana system) in which representatives from interested agencies participated, was an application for grant funds to absorb partially the costs of sponsoring a pilot project. The proposal, submitted to the National Advisory Council On Rehabilitation in January 1961, envisioned a five year program to be based at NMC, during which time selected disabled Indians from Montana reservations would be trained, observed and placed in adequate employment situations.

#### Project Objectives

The broad aims underlying the original proposal were offered approximately as follows:

- 1) Research in vocational rehabilitation to seek solutions to problems common to Montana reservations, expecting that some of these problems and their solutions might be applicable nationally with similar sub-cultural groups.
- 2) Establish a demonstration program in vocational guidance, associated rehabilitation services, training and placement.
- 3) Develop a complex of improved services to the Indian disabled through an organized and demonstrable system of referral screening, trainee selection and joint inter-agency planning.

The project ---"Special Research and Demonstration Project For Disabled Reservation Indians of Montana"--- was approved by the Office of Vocational Rehabilitation for implementation fall quarter of 1961. The initial year was spent in setting up and periodically adapting the physical and fiscal operations. The research program was designed during this initial period and project objectives were refined somewhat:

- A. To develop by surveys and studies a substantial body of data bearing generally on the origins, nature, and modern character of the handicapped Montana Indian problem in the multiple context of rehabilitation and higher education.
- B. To operate independently a special project to be set within the framework of a college institution by which to facilitate in every conceivable way the material vocational advancement of a selected group of trainable disabled Indians.

- C. To study the total experience in all of its aspects, including the post-training phase, in order to evaluate the effectiveness of the various IRP roles.
- D. To perform both extensive and intensive researches oriented toward isolating to whatever degree possible trait combinations that might tend to distinguish the relatively "successful" and "unsuccessful" clients.

Within a research oriented perspective, three essential questions were pursued and explored:

- 1) Given an atypical combination of rehabilitation-related services, to what extent can a special vocational rehabilitation project located in a college setting contribute to more enduring skill development and positive employment outcomes than were indicated by previous DVR experience?
- 2) Can the prominent barriers to successful Indian rehabilitation be ordered in terms of their relative inhibiting affects and, if so, to what extent can predictions of future academic and employment performance be expected to be accurate?
- 3) Given the small mass of observations envisioned as a function of a limited student load, to what extent can generalizations be made about disabled Indians and to what extent must the individual case be relied upon as a source for comparison?

It can be seen readily that project aims were specified broadly and that both basic and applied insights were sought from the outset. At no time during the course of studying project data did it appear that any complex, abstract formulations were warranted in the sense that significant contributions to various bodies of existing theory might be made. Highly tentative kinds of interpretation and explanation are offered in later chapters.

### The Training Institution

It was hypothesized during the planning stages of project design that the primary demand for vocational training would be in areas closely related to trades or one to two year terminal vocational-technical programs. Northern Montana College offered a broad variety of vocational-technical curricula in addition to four year degree programs in teacher education, and one to two year pre-professional programs. Under Montana law it was possible to enroll students who had not completed high school but who were 21 years of age or more as special students. Following are some of the factors typical of NMC that were expected to contribute substantially to the actualization of the IRP:

- 1) The average entering student body each fall of less than 1,000 was expected to permit of a more cooperative learning atmosphere and closer proximity and access to the faculty.

- 2) Its location in the plains in proximity to Indian reservations and within a small community of 13,300 population (although it is somewhat more urbanized than nearly all reservation communities) was expected to permit of the relatively efficient physical and psychosocial transition of the incoming Indian trainee.
- 3) The broad array of training area offerings was expected to allow for finer discrimination in vocational guidance by permitting a closer matching of client interests and resources.
- 4) The majority of the student body was composed of students drawn from northern Montana communities, thus contributing to a kind of western-rural social atmosphere that was expected to be more attractive to Indian students than would a markedly more collegiate environment.
- 5) The faculty was predominantly instruction and student-centered and the overall learning climate was practical rather than academic.
- 6) The college administration was cognizant of and favorably disposed toward the rehabilitation viewpoint and the needs of the handicapped.

Students were housed on campus in the single men and single women's dormitories and in the married student housing units, although unusual pressure for housing caused at times the rental of off-campus dwellings; this was a circumstance faced by all married NMC residents at these times.

#### Indian Education

Certain aspects of the Indian rehabilitation barrier system are traceable to the underlying former educational experience of disabled Indian clients. Thus, is the previous educational background regarded here as one of the determinant and inter-related settings in the rehabilitation service pattern.

The history of Montana Indian education has been one of progressive but notably slow improvement. For the most part, responsibility for the education of Indian citizens has been transferred from relatively non-integrated federally operated schools to the fully integrated state operated school system.

The Bureau of Indian Affairs and the Division of Indian Education of the Montana State Department of Public Instruction cooperate very closely to insure full service coordination at the post-secondary level for those young Indians who qualify for the BIA's Educational Grants and Loans program and the State's exemption from payment of fees Indian scholarships. These agencies provide only for the financial assistance of degree bound Indian students. To serve those persons who are headed toward non-degree educational objectives, the BIA is empowered by law to provide comprehensive education-related services to a maximum of 24 months for especially approved curriculum areas under its Adult Vocational Training Program (AVT).

According to their funding abilities, the various tribal organizations operate grants-in-aid and loan funds for educational purposes to students from the respective reservations on the basis of need. Recently, judgment funds awarded by the federal government to certain tribal organizations as recompense for loss of tribal lands have been converted to individual educational use.

It would appear that the availability of funds has kept abreast of the increasing demand for greater educational opportunity placed by an increasing number of high school graduates, as well as by older persons who dropped out of school without completing more than nine or ten grades. Collateral improvements have been made over time in schooling facilities, teaching materials and in instructional staff competency. Educationally critical values have been inculcated gradually by the process of generational displacement and parental attitudes, while they do not always reinforce the positive school-connected influences, do not now seem to have the same intensity of negative erosive affect which was so apparent only a few decades ago. Central inroads have been made and the outlook for continually improving Indian education is optimistic.

According to a 1963-1964 report, 250 Indian students were attending institutions of higher education in Montana of which 46 percent were attending vocational schools and 54 percent were going to colleges or universities.

However, many symptoms of conflict persist to divert the attention of teacher and administrator alike in the course of daily schooling routines. Poor attendance, excessive early dropouts or "force outs", academic retardation, overt and covert disciplinary need episodes, little or no positive liaison with parents, etc. complicate the total effort. All too frequently, even after a student has completed high school, it is found that his actual achievement plane may be a number of academic years below that of his white peers. The problem perpetuates itself and the lag between Indian and white does not decrease. The simple maintenance of the lag factor is a major socioeconomic challenge and one that is not being well met by education as such at this time. But, other supporting and associated changes must also occur to promote the fullest educational attainment and these social innovations are underway.

#### Indian Socioeconomic Conditions

The deficiencies transmitted into the training situation as a function of prior disadvantaged learning experiences are, of course, a resultant function of long imbedded social defects. The contemporary rehabilitation stage is thus set in the context of prevailing socioeconomic conditions.

As more and more attention has been drawn to the study and remedy of social and economic conditions associated with poverty, so has the realization emerged that poverty per se has its own cultural tradition. It has been observed that the social and economic lag that characterizes many Indian groups is very similar to that which characterizes many other ethnic minorities as well as non-ethnically distinguishable groups such as poor class whites in the majority society. In this view, many of the "cultural factors" that are



commonly blamed as underlying all sorts of modern day Indian difficulties are probably not the cultural factors associated with Indian culture. The term "reservation culture" has also been used to distinguish the social milieus of contemporary reservation life from past, aboriginally characterized Indian life orientations. "Reservation cultures" appear to occupy socioeconomic loci very similar to the contemporary settings in which they are located, but they are somewhat isolated by their unique histories and their generally disadvantaged socioeconomic competitive positions.

Whatever the specific locus of what appears to us as a modern dilemma, there is little question that the dilemma persists. Summing up the situation on a national scale in 1964, Commissioner of the BIA Philo Nash commented:

"American Indians living on reservations are among the most poverty stricken groups in the United States. Family incomes are one-fourth to one-third the national average. Unemployment typically runs between 40 to 50 percent--seven or eight times the national average. Nine out of ten reservation families live in housing far below acceptable standards of comfort, safety and decency. Young adults on the reservations average only eight years of school, two-thirds the national average of twelve years. The average age at death on the reservation is 42 years, 20 years younger than the United States population as a whole.

These conditions exist because the Indian population has been growing for more than half a century while the land base has been shrinking. In the early years education was inadequate; even now we have to struggle to build schools as fast as the school population is growing. Reservations have one of the characteristics of underdeveloped areas in that they are capital-starved and have not, up to now, been attractive to private investment."

While these generalizations must be qualified to fit specific local conditions, this sketch holds remarkably true for Montana Indian populations. The principal variability among reservations is traceable to their differing economic resources, irrespective of acknowledged acculturation differences. The presence of wealth alone is not, of course, a guarantee to tribal self actualization since many years of bare subsistence living by dependency on others provides a flimsy foundation for the formation of individual initiative and motivation. There are few fully acceptable incentives for self-improvement available; stated another way, self-improvement is not valued particularly and no amount or quality of incentives can be expected to stimulate constructive movement toward self-developing goals in their absence. The learning process is inhibited by both language deficiency and social barriers, resulting in discouragement among both students and teachers. It becomes clear that there is a circular quality about poverty; in effect, poor social conditions are both the father and the offspring of poverty.

Well over two-thirds of all Indians occupy land that has marginal economic potential or reside in areas where employment opportunities are severely restricted. The Bureau of Indian Affairs reports that income for reservation families nationally averages between \$1,500 and \$1,700. A



sampling of 1959 income data for counties in selected Federal Indian Reservation States revealed a median family income of about \$1,900, an amount which was not even 60 percent as high as the median income for rural farm families in the same States. Compared with the income reported for all families, rural farm and urban, the Indian median family income was about one-third as high. Montana Indian families had an indicated median income of \$2,774, compared to a median family income for all races rural farm of \$4,289 and an all races urban and rural median family income of \$5,403.

For these reasons, current Indian interest programs are directed toward environmental improvement through the optimum development of natural resources--- farm lands, grazing lands, timber, mineral deposits, oil and gas.

The constricting effects of isolated and sub-standard living conditions are, however, currently visible and in need of correction. Prompt and sound investments now are the best protection against the future transmission of detrimental experiences and values pertaining to economic outlook.

### Indian Health And Its Trends

Beyond the linked settings of Indian education and socioeconomic conditions is that which necessitates the rehabilitation opportunity in the first place---the handicapping consequences of environmental hazards to health. The Indian health pattern in its disabling aspects is crucial as a basic determinant in its implications for rehabilitation program impact.

Responsibility for the health of Indians and Alaskan Natives was transferred from the Bureau of Indian Affairs to the Public Health Service in 1955. Since that time, health services have increased and subsequent health improvement can be measured.

The extent to which substantial inroads can be accomplished by the direct provision of health-related services is diminished by many factors according to Indian Health Highlights, 1964:

"Factors such as the widely scattered population, heterogeneous cultural backgrounds, social isolation, environmental hazards and lack of adequate sanitary facilities and safe water supplies, coupled with the lack of resources and limited economic opportunity, varying levels of understanding and degree of acceptance of health services,... complicate the provisions of medical care and implementation of a comprehensive community health service."

When comparisons are made between whites and Indians with respect to some indices of health status, a number of significant differentials that have meaning for rehabilitation come into focus. In general, while the various health indices over time among Indians reflect steady health improvement, there remain substantial health differences that tend to result in permanently disabling conditions in disproportionately high numbers. According to 1962 statistics, the number of Indian births per 1,000 population was nearly twice that of the U. S. all races.

The rates per 100,000 population of specified infectious diseases differ significantly. Deaths resulting from tuberculosis indicate 5.7 Indian deaths per each non-Indian death. Tuberculosis appears seven times as frequently among Indians. Gastroenteric deaths occur in a 6.8 to 1 Indian to non-Indian ratio.

Deaths attributable to influenza and pneumonia (excluding the newborn) occur twice as frequently among Indians as among non-Indians. Infant deaths due to congenital malformations occur at the same rate. Infant deaths due to accidents occur among Indians at about twice the rate among non-Indians. The infant death rate due to respiratory diseases is nearly three times higher among Indians.

According to 1961 statistics, the average age at death for Indians is 42.5 years, twenty years less than the average age at death for all races. The life expectancy is 62.0 years for Indians compared to 70.2 years for all races. In 1940, the Indian life expectancy was 51 years compared to an all races life expectancy of 62 years.

In terms of death per 100,000 population, accidents occurred among Indians at three times the rate for all races, accounting for 17 percent of all deaths among Indians and 5 percent of the deaths among all races. Deaths attributable to influenza and pneumonia occurred at twice the all races rate among Indians. Tuberculosis accounted for four times the all races rate among Indians. Death due to congenital malformations occurred among Indians at about twice the all races rate. Homicide caused deaths among Indians at three times the rate for all races.

With this national mortality, cause and incidence picture in mind, does the Montana Indian health situation differ markedly and, if so, in what directions? In 1960, Montana Indians registered the highest rate for live births per 1,000 population of all of the 23 states having federal reservations, over twice the all races rate. In 1959-1961, Montana Indians ranked eighth from the top in death rates caused by motor vehicle accidents, and over twice the rate for Montana all races.

Only four Indian states ranked higher in the incidence of influenza and pneumonia; the rate for Montana all races was only one-third that for Indians. Only four Indian states ranked higher in death rates caused by tuberculosis in 1959-1961, the Montana Indian rate being ten times that of Montana all races.

While the preceding comparative statistics are general, they do tend to outline some points of interest in specifying causative areas of health concern. It is undoubtedly out of these negative health characteristics that is derived the patterning of Montana Indian disability. It is in the disproportionately high frequency of Indian disability that the impact upon rehabilitation lies, since varying Indian-white incidences of differing "cripplers" produce an almost limitless variety of disabling conditions. In the end, each disability or combinations of physical-emotional deficiencies must be approached as an individual problem.

In summary, Chapter I has endeavored to establish the major points of view and the purposes central to the pilot effort known as the Indian Rehabilitation Project. Furthermore, these aims have been placed within the total context of rehabilitation and education as they relate specifically to Indian-associated factors. Chapter II will undertake the examination of Indian population features as they pertain to IRP clients in an effort to assess their comparability. Factors that are material to the understanding of Indian behavior on a cultural plane, *viz.* population stability, acculturation, etc. are also discussed.

## CHAPTER II

### THE CLIENTS

It was important to establish the degrees of similarity and difference between the IRP client group and the All-Referred as disabled Indian group to determine, first, to what extent the IRP trainee group was typical of the All-Referred group, and second, how these groups related to other Indian and non-Indian DVR client groups. Clarification of these variable relationships led to a better idea of how far generalizations founded on IRP experience could be extended to disabled Indians in general as well as to non-disabled Indians.

It was necessary first to consider as working concepts two characteristics that were used commonly as Indian identifiers.

#### Who Is An Indian?

The original project proposal specified that the IRP would work with "reservation Indians", a population defined by its place of residence. In practice it was found that some Indian referrals were living on reservations other than their home reservations. Others were found to be living off reservation in nearby communities. It was decided that to increase the future applicability of project findings these off reservation referrals should not be overlooked as potential trainees simply on grounds of their off reservation residence.

The federal government has been and continues to be intensely interested in transferring its delegated responsibilities on behalf of the American Indian to the Indian himself. When the Indian is ready to assume these responsibilities, from both his viewpoint and that of the federal government, the reservation as a physically and socially segregated, self-perpetuating, "ethnic" entity will be abolished.

Historically, Indians have been encouraged by agents external to them to seek livelihood off the reservation. Despite what appear to be chronic reversals in the form of exasperating returns to the reservation of those who have been assisted to settle at some distance from reservation influence, there is mounting evidence that relocatees, especially those who relocate themselves, are remaining away for longer and longer periods, some permanently. It is not unreasonable to expect, given the stimuli of time, increasing socioeconomic pressure and incentive, that more and more reservation residents are destined to become non-residents in the foreseeable future.

Indians are also identified in terms of degree of Indian "blood", a simple method whereby degree of Indian biological ancestry can be established rather swiftly. However, what "amount" of Indian ancestry qualifies a person as Indian has not been standardized by legislation or by court interpretation. Eligibility for tribal membership varies from reservation to reservation. For many purposes, local and national interpretations of what constitutes an adequate degree of Indianness is based upon Indian blood quantum and the fact of residence within the exterior boundaries of a reservation set aside for his occupancy and welfare by federal treaty or other congressional action.

Like the residence factor, the social meaning of degree of Indian blood quantum must be re-evaluated in environmental terms.

Probability would have it that a person of relatively high Indian blood quantum residing on a federal reservation would be culturally more Indian in a social environmental sense than would a person with a low Indian blood quantum ratio living off reservation. In practice, however, at the individual level these hypothesized relationships are most difficult, if not impossible, of validation. There is simply too much counter evidence to permit of ready judgments differentiating degrees of social assimilation based predominantly on the co-criteria of blood quantum and reservation residence. Behavioral patterns instead are the ultimate evidence of other-cultural conditioning.

For purposes of making client service decisions that necessitate taking into account indices of readiness for change upon which pre-estimates of service success, outcome or benefits must be predicated, it is essential that the concept of "Indianness" be clarified in terms that afford individualized awareness of applicant differences. It must be possible to develop evaluative statements differentiating applicant readiness for assimilation, i.e. preparedness for making the adjustments necessary for rewardable articulation in a markedly different social context.

To conclude, early project case finding revealed the existence of people living off the reservations having a low degree of Indian biological ancestry. They appeared to have been just as thoroughly conditioned by their early social experiences on the reservation, were often just as native-oriented, just as marginal socially, etc., as were many of the "Indian" applicants whose lives had been reservation bound in corollary association with full blooded Indian ancestry. The point that it is necessary to make is that essentially the question "Who is an Indian?" is one that must be answered in terms of readiness for new social learning.

The character of rural existence itself tends to act as a sub-cultural difference leveller, to the extent that it becomes almost problematical whether the problems that are identified as barriers to vocational assimilation of Indians by education are rather more properly a consequence of ruralism than of any vestigial "historical" ethnicity on the part of the elusive reservation culture.

#### The All-Deferred And IRP Indian Groups

To what extent was the selected IRP trainee group representative of the overall Indian disabled group as defined by the five year referral pattern and in what distributional relationship did the overall disabled group stand to the all-Montana Indian group by reservation areas? Table II summarizes data pertinent to these questions.

Only about 2.7 percent of the Indian population living on reservations in Montana (as of 1945 population estimates) was referred by some agency as being physically and/or emotionally handicapped. This figure was far below the disabled percentage estimated by DVR of about 12 percent for the non-Indian population and 14+ percent disabled among Indians in Montana. Referrals made to the IRP were generally made with some emphasis upon higher educational requirements. Referral seeking eventually exposed essentially

TABLE II

<u>Reservation</u>	Indian Population Living On		All Disabled Group		Percent Referred As Disabled	IRP Group Selected	
	<u>Reservations</u>		<u>Referred</u>			<u>Selected</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>		<u>No.</u>	<u>%</u>
Blackfeet	6,600	30.5	142	24.1	2.1	15	23.4
Crow	3,190	14.8	45	7.6	1.9	3	4.7
Fort Peck	4,000	18.5	117	20.0	2.9	17	26.6
Fort Belknap	1,636	7.5	102	17.3	6.2	11	17.2
Rocky Boy	878	4.2	52	9.0	5.9	2	3.1
Flathead	2,788	12.9	57	9.6	2.1	2	3.1
Northern Cheyenne	2,493	11.6	45	7.6	1.8	4	6.2
Other (Off Reservation)	-	-	28	4.8	-	10	15.7
Totals:	21,585	100.0	588	100.0		64	100.0

just those handicapped persons for whom vocational training at the college level did not appear out of the question. Consequently, the 2.7 percent overall disabled group was in reality an educationally selected sector of the existing handicapped Indian sub-population.

Further analysis shows that only 11 percent of the All-Referred as disabled group (those who were considered potential trainees) was selected for vocational training. The IRP policy of approving for training a minority of marginally "ready" clients was adopted partly as a function of there having been a smaller than anticipated pool of educationally ready applicants. The perimeters of success-promoting personal and educational characteristics were also expected to be more readily discernible thereby. Fewer than 11 percent of the disabled referred group approved for training actually met even the minimum, liberal entrance expectations of the IRP and doubtless even fewer would have been regarded as acceptable under the more restrictive admission requirements that characterize many institutions of higher learning.

It can be seen in Table II that there is little correspondence between Montana Indian population percentages distributed by reservation relative to the percentages of All-Referred disabled persons by reservation. There is, however, virtually no external evidence that the proportion of disabled to non-disabled Indians varies significantly from one reservation to the next. The proximity of the reservations to NMC, the degree of interest shown in helping the disabled by key workers on reservations, the susceptibility of the various reservation groups to accepting innovative service program assistance, the intensity and duration of IRP case finding and other factors conjoined to sponsor what appeared to be different frequencies of disabled Indians by reservation.

IRP selection of trainees corresponded distributionally very well with the percentage distribution of All-Referred Indians by reservation. Those discrepancies that appeared (Crow, Rocky Boy, Flathead) were probably traceable in these instances to a combination of prevailing conservative

attitudes and educational underdevelopment. The outstanding difference was that manifest by off reservation resident referrals, wherefrom a much larger percentage of trainees was selected. It may have been that, generally considered, off reservation referrals tended to be less educationally handicapped than were those referrals who continued a reservation bound existence.

### Comparison Groups

Project design delimited rather strictly the extent to which IRP clients could be compared with other similarly constituted human groups. Although the control group principle was considered at one time as a desirable design feature which would permit relatively controlled observation and comparisons, the approach was abandoned as impractical. It could not be presumed that matchable groups (control and experimental) could be identified, let alone be induced to leave their customary life environments. Neither did the small size of the trainee group allow meaningful splitting for purposes of intra-group differentiation.

Project design specified that the essential variables, the availability of which would differentiate project sponsored from regular DVR training were (beyond the unconventionally intensive pre-vocational evaluation) the unrestricted accessibility of "counseling" service (including a significant interpretive function in the form of adjustment-centered counseling), and supplemental instruction. However, lacking a matched control group, there was no systematic way that the proposition "improving rehabilitation success" could be tested directly. Further, there was no known empiric baseline against which sound comparisons could be made. Although a planning survey performed by DVR had disclosed certain relative degrees of success achieved with respect to white and Indian clients over time, the data was not strictly comparable.

Since 80 percent of all IRP clients had been residents of reservations served by the District #5 office, case files of all clients served to closure between the years 1947 and 1962 were examined. Among other facts to be cited later, it was learned that only five percent of the Indian closed as employed cases were training cases at the college level. It was doubtful that a larger proportion of training cases could have emanated in comparable numbers from any of the other district office Indian caseloads during that period. The assertion that the IRP training experience can be compared directly in other than a superficial way with DVR experience accumulated prior to project development must thus be tempered greatly by judgment.

It was thus necessary to develop logical comparisons between the IRP clients and the experiences and characteristics of reliable groups of people. Differing comparison groups were identified to permit inter-group comparisons on the basis of selected factors associated with performance under formal learning conditions. Following are the generalized groups that were identified for perspective purposes:

GROUP A: Indians (524) referred to the IRP as disabled for consideration as training prospects (exclusive of the 64 in Group C above), 1961-1966.

TABLE I

Comparison Of Some Rehabilitation Factors  
Across Relatable Indian And White Groups

Factors	(A) All-Referred Disabled Indians (excluding IRP) (N=524)	(B) Pre-IRP DVR Indians (N=78)	(C) IRP Clients (N=64)	(D2) White DVR Clients (N=135)
1. Age:				
17-20	12.6%	23.1%	19.0%	45.2%
21-30	28.5%	20.5%	53.0%	33.3%
31-40	17.7%	21.8%	22.0%	12.6%
41+	41.2%	34.6%	6.0%	8.9%
Range=	16-86=70	16-69=53	18-54=36	17-51=34
Mean =	38.9	34.3	27.1	25.2
2. Sex:				
Male	74%	70%	83%	84%
Female	26%	30%	17%	16%
3. Marital Status:				
Single	42%	40%	42%	56%
Married	46%	54%	50%	40%
Separated or Divorced	12%	6%	8%	4%
Av. no. of Children Per Family	-	4.5	3.6	2.6
4. Education:				
Less than 9 grades	45.8%	52.0%	9.4%	6.0%
9 through 10	22.3%	14.3%	25.9%	6.6%
11 through 12	29.1%	31.0%	53.1%	64.4%
More than 12	2.8%	2.7%	12.5%	23.0%
Range=	0-14=14	1-12=11	6-15=9	7-15=8
Mean =	9.2	8.7	10.96	12.0
5. Indian Blood Quantum:				
More than 3/4	68.8%	-	32.8%	-
1/2 to 3/4	20.5%	-	17.2%	-
More than 1/4 to 1/2	10.0%	-	21.9%	-
1/4 or less	.7%	-	28.1%	-
6. Intervening Years:				
0 through 5	-	-	45.6%	61.4%
6 through 10	-	-	21.8%	14.0%
11 through 15	-	-	9.3%	3.9%
More than 15	-	-	23.3%	20.7%
Range=	-	-	0-37=37	0-35=35
Mean =	-	-	8.4	7.4
7. Disability Types:				
Amputation	5.0%	12.6%	4.7%	4.5%
Orthopedic	24.0%	37.8%	43.5%	33.1%
Deafness, Aural, Visual	17.2%	24.0%	23.4%	20.3%
Personality Disorder	4.6%	-	4.7%	1.5%
Cardiac Disease	8.4%	1.6%	6.3%	10.5%
Epilepsy	6.2%	-	3.3%	3.7%
Other	34.6%	24.0%	14.1%	26.4%



- GROUP B: Disabled Indians (83) served to closure in DVR District #5 between the years 1947-1962.
- GROUP C: Handicapped Indians (64) trained at NMC under IRP auspices, 1961-1966.
- GROUP D: Disabled White DVR clients.
- 1) Served to closure (835) in DVR District #5 between the years 1947-1962.
  - 2) Attended NMC (135), 1961-1966.
- GROUP E: Non-Disabled Indians who attended NMC at one time or another.
- 1) Indians (212) who had attended NMC during the past 20 years, including Bureau of Indian Affairs (BIA) grant, tribal loan, BIA Adult Vocational Training Program (AVT), privately financed, and other-sponsored students (does not include IRP students).
  - 2) AVT students (59) who had attended NMC (of 80 who had attended NMC since 1958), selected on the basis of having GATB scores, 1958-1966.
- GROUP F: Non-Disabled White students who attend NMC, 1961-1966.

The preceding six human groupings comprised the "population samples" from which certain comparative generalizations reported herein were derived. Beyond this local plane of reference, test score distributions (developed for the IRP clients and for some of these specified groups or sub-groups) were compared with norms standardized upon national white population samples.

#### Inter-Group Trait Comparisons

One of the most efficient ways of finding out just who the IRP clients were was by comparative reference to relatable groups. These groups were defined in the preceding section and their salient features, relevant to rehabilitation, are summarized statistically in Table I. The factors (age, sex, marital status, education, intervening length of time between prior and NMC schooling, and disability type distribution) selected for this purpose were those for which data were gathered readily by interview from Indians or by the study of case records accumulated by DVR. These inter-group comparisons assisted in pointing up group differentials that related to rehabilitation goals in various ways.

- 1) Age: The significance of age as an independent variable is traceable principally to its implications for learning habit formation and, of course, for its limiting aspect when applied to employment opportunity. Maturation tends to vary at some odds with chronological age and so the age variable must be evaluated in combination with other factors if its actual role as a rehabilitation factor is to be appraised.

Indian DVR clients (B) in the years before the IRP (remembering that only a very small percentage was routed into training programs) tended to be older by about seven years, and were much more variable in age.



Obviously, the IRP group was much more selected for its educability, resulting in a much more substantial clustering of persons in the 21 to 40 years of age category.

The All-Referred as disabled group (A) was very similar in its age distribution to the Pre-IRP DVR group (B), although the former reflected a referral rather than accepted to case status pattern. "A" tended, therefore, to exhibit greater variability and a slightly more normal age distribution. When C was compared to A, the selection of group members in the former was markedly apparent; for example, 72 percent of C as opposed to 40 percent of A was less than 31 years of age. It was noteworthy, by comparison of groups C and D2, that both A and B were quite dissimilar to the white DVR client trainee group D2. The white clients' age distribution demonstrated practically equivalent variability and its centrelling tendency indicated a negligible average age difference. Since it could be presumed for most purposes that the white trainee group was probably nearly representative of the NMC student body taken as a whole, it seemed that the IRP student group was probably not as atypical as might have been expected on the age variable. Age was definitely a selecting factor in the IRP trainee acceptance. The extent to which age related to subsequent training and employment will be considered later in appropriate context.

2) Sex: It is not known why a 3 to 1 male:female ratio was indicated in terms of disability incidence in the A group, but it also occurred in the B group. Groups C and D2 were probably affected in their sex distribution by the differential availability of training courses at NMC that were suitable for men and women and also, of course, by the greater pressures exerted on disabled males to rehabilitate themselves. The initial referral by sex may have been out of balance also as a function of more attention having been paid to unemployed and unemployable males.

3) Marital Status: It appeared that IRP marital status distribution did not differ from that of the other Indian groups, but the white DVR group tended to have a much larger proportion of single students. IRP students had somewhat smaller families on the average than did the B group and white families averaged one child less than did those of the IRP. This factor was of concern not only because of its implications for financing but because of its potential drag effect on student performance.

4) Education: Group C was affected by selection for educability as could be seen in the fact that 65 percent of its members had completed 11 or more grades compared to 32 and 34 percent for groups A and B, respectively. Group D2 was even better educationally equipped since 98 percent of its members had completed 11 or more grades. IRP trainees averaged two more years of previous education than did the All-Referred group (A) and the white disabled group (D2) averaged one more year completed than did the IRP trainees.

### CHAPTER III

#### THE DEMONSTRATION AND RESEARCH PROGRAMS

Project aims were approached by collateral means. The demonstration aspect permitted the pilot inauguration of client-pertinent action and the goal-oriented accumulation of empiric observations. The entire longitudinal process of rehabilitating disabled Indians by vocational training was thereby analyzed and improved to some degree. The description, sequence and inter-relationships of service components developed in this chapter reveal features of the IRP's demonstration program which were achieved at the optimal stage of program development and refinement. The demonstration program as it is constructed here was considered as the typical or modal rather than idealized pathway to IRP trainee rehabilitation.

The research aspect of the program ran both parallel to and congruent with the demonstration program; the intent of the continuing data gathering and related study performance was complementary to but sometimes independent of demonstration requirements. Acting in combination, the research and demonstration approaches produced unusual perspective and each sometimes exerted individually a correcting influence upon the other as a resultant of these diverse perspectives.

Many specific features of project administration and details of inter-agency relationship arrangements were dictated by the highly localized circumstances and situations attendant to the operation. Due to their uniquely situational nature, it was thus felt that discussion of these features in any detail would distract unnecessarily from attention to those demonstration features that are probably transferrable into other rehabilitation settings. Therefore, only some generally applicable observations concerning administrative adjustments and decisions are incorporated in the following descriptive narrative.

#### The Demonstration Program

One of the IRP's long term objectives was the establishment of a demonstrable program of rehabilitation centered services that would increase the probability of Indian client rehabilitation. Unlike the regular Montana DVR program, the IRP was designed to work with only those Indian DVR clients for whom vocational training was intended. As such, the IRP did not function as a rehabilitation alternative evaluation unit. Those applicants for whom training was adjudged infeasible under IRP supervision were referred back to the DVR with some explanation of the decision. Only very infrequently were suggestions or recommendations for client service communicated as possible avenues of applicant development.

The IRP's demonstration approach will be described from referral through placement and followup in terms of its essential activity components.

Referral and Case Finding: The over 580 referrals made to the project emanated from a variety of referral generating sources. They are listed below in terms of their descending order of referral productivity: Division of Vocational Rehabilitation, IRP case finding, Bureau of Indian Affairs Employment Assistance field offices, BIA Welfare offices, county Department of Public Welfare offices, Public Health Service Hospital personnel, Tribal Education Officers, interested individuals, high schools, the State Hospital, and the State Prison. At the start these referrals were made directly to the local DVR counselor but over time an increasing number were made directly to the IRP staff. It was then necessary to re-direct these referrals to the appropriate DVR counselor. This latter development, in combination with the results of independent IRP case finding, tended to reverse the normal action process and problems of client handling sometimes occurred. However, it often happened that IRP workup performed in the field preliminary to later application-taking interviews by the respective rehabilitation counselors did accelerate the workup process.

It became apparent even during the first year of IRP operation that the pool of potentially educationally ready disabled Indians that had been identified to that point was far too small to permit of strict selection (based upon educability factors.) It became apparent too that Indians themselves and even certain Indian interested agencies were not very much aware of the services available under the regular DVR program, nor were they aware of eligibility requirements. Consequently, IRP public relations efforts were stepped up to advertise the opportunity. At the same time, IRP staff went into the field seeking out the names and associated information about persons who were suspected to "have something physically wrong with them." As will be developed later, the slightly handicapped person was so often such a commonplace occurrence on reservations that there was virtually no folk attention drawn to such disabilities. Also the prevailing stereotype of the disabled person as one who was practically immobilized or extensively and visibly malformed caused many of the persons to whom inquiries were directed to overlook less noticeable handicaps, the nature and limitation of which were sometimes typically qualifying for DVR service. Since rehabilitation as a singular method of assisting in the promotion of certain Indians' betterment was not well established as a well recognized element in the existing service-to-Indian network, a great deal of personalized contact was necessitated to communicate the concept, services, and potentialities of DVR assistance.

One IRP case finding approach was eminently inefficient, although very informative in general terms. Typical referrals of Indians as being disabled usually had some physical/emotional foundation. In view, however, of the repeated observation that many disabled persons were being overlooked because of factors cited above, IRP staff endeavored to offset this tendency by developing instead a mass view of Indians who were, for example, recipients of some form of Public Assistance. These public assistance referrals were then cross-checked with knowledgeable persons who had worked with or in some relationship to other persons having more intimate knowledge of these disadvantaged persons. Although relatively few IRP clients were located in this manner, a substantial number of theretofore unidentified as disabled persons were located. The value of this type of broad inquiry activity was demonstrated as a necessary forerunner in the contemplation of extending full service to the greatest number of handicapped Indians. While few of these people were

prepared and studied, and test elicited predictive information were evaluated in light of the anticipated demands of NMC training programs.

The end product of the pre-vocational evaluation was the accurate advance prediction of future performance in the training setting and beyond as the training would be reflected in later employment. In addition to the advance accumulation of data bearing on estimates of future performance, repeated interviews produced information relevant to the nature of applicant drive and ego strength, stress tolerance, general motivation, etc. Care was taken to avoid making pre-judgments on these latter grounds since staff ability to internalize and interpret these observations made with reference to Indian clients was itself under critical examination.

There were additional factors that had to be considered as elements in this stage of applicant processing that were of a very practical nature. Often, training applicants were unable to settle their affairs at home satisfactorily in order to move to the training area. The applicant's financial resources, size and health of family, clothing, household items and furniture possessions had to be taken into consideration.

In a number of very promising cases which developed a short time before the beginning of a school term, only very general estimates of specific capabilities could be made in advance. In these cases where training alternatives could not be spelled out with any precision, in the absence of any pronounced ability or capability barriers, clients were admitted into provisional curriculum programs. They were then observed constantly and guidance decisions based upon actual performance were made either during or beyond their first quarter. In most instances, this approach was not as inefficient as it might appear, since it amounted actually to a workshop performance test on a rather more academic plane.

IRP staff assumed responsibility at this point for consultations with NMC instructors and advisors for their assessment of applicant readiness and anticipated adjustments, if any, necessitated by disability. A careful appraisal of any special medical attention requirements was made and provision for care was accomplished subsequently by IRP staff.

The IRP ordered transcripts of high school grades, scores and certification of passing the test of General Educational Development (taken and passed by some clients as a substitute for a high school diploma), and transcripts from other institutions of advanced education in support of client applications for admission to NMC. High school graduates and those who had passed the GED were admitted as regular students while those who had not finished high school were admitted as adult special students. Notice of admission was sent to the clients by the registrar's office at NMC as well as to the IRP office.

Due to the needs of processing applicants to accepted status efficiently, the IRP accorded tentative acceptance to applicants whose pre-vocational evaluation and other contributive factors lead to a trainability judgment. Thus, sometimes IRP selection occurred in advance of the DVR medical determination as vocationally disabled, as well as in advance of the applicant's being admitted officially to the training institution; approval for IRP training at this point allowed time for the many arrangements necessary to facilitate the new client's movement into the training setting.

When the overall trainability outlook became positive, in context with a clearly qualifying handicap, clients were selected. IRP efforts to secure

comprehensive financing of the training program then began. Eligibility for and history of service, if any, to the client by the DP, BIA Welfare, BIA AVT, BIA Educational Grants and Loans Program, Tribal Educational programs, and Indian scholarship programs, were ascertained by client interview and by agency contacts. Inter-agency support combinations resulted, each client being sponsored by somewhat different sources of support.

IRP staff performed the many tasks of accumulating substantiating documentation, including letters of recommendation, photographs, grade transcripts, and in preparing the voluminous correspondence required in filing applications for student aid. Indian clients tended to become confused and discouraged in the course of trying to comply with application requirements partly because of comprehension barriers and partly because of their inexperience and their resistance to doing things that appeared to them as unrelated to their immediate interests. By working with IRP counselors in preparing applications the clients came to better understand and accept it as necessary for their self promotion.

When the respective DVR counselors received notice from the State DVR office that their IRP bound applicants had been approved for service, the case files for these clients were forwarded to the Havre DVR office. All future rehabilitation transactions in their behalf were channeled to and through the local office, a procedure which did much to facilitate communication and service provision.

Client Intake: Clients approved for DVR service and accepted to the IRP program were advised to appear on campus a day or two in advance of registration for pre-school conferencing. Household arrangements that had been made for them in advance were communicated to permit the assembly and transportation of household effects within the time allowed. Maps of Havre and the campus were also sent as guides to the IRP facility. Incoming clients were met personally upon their arrival in Havre for briefing before proceeding to their dormitories or apartments. Questions and problems of immediate settlement nature were dealt with and the clients were assisted in moving into their quarters.

The following day, a conference attended by the IRP staff, the client, the DVR counselor, and an instructor representing the selected curriculum major, was held during which information and suggestions were exchanged. A concise on-the-ground picture of what the client could expect and of what would be expected of him as a project trainee was presented. He was reminded once again of the nature of the project, its special student support and development services, its research testing and interview program, the details of his particular financial planning, medical health care services available and other points of basic information were discussed. This important meeting clarified further the expectations that would govern the project's and the institution's actions and interests relative to the client's rehabilitation. This brief interim period between client arrival and the start of the school period was used for additional diagnostic testing and depth interviewing, and clients used their free time to familiarize themselves with the campus and community layouts. IRP staff helped enroll school age dependents in schools near to the clients' residence. At this point also, the IRP circulated a list of its clients together with basic identifying data to the Area Division of Indian Health PHS office in Billings asking that eligibility for PHS service at the Fort Belknap PHS Hospital be determined for each case. A medical service plan was then worked out whereby clients' health needs would be met without delay.

Guidance and Counseling: The concept of "guidance" appropriate to the IRP is that which refers to a basically directive method whereby counselors attempt in various ways to assist the client in achieving greater development by direct rather than indirect appeals. An imposing array of value-linked information and cues needed to be communicated, viz. preferred classroom behavior, the importance of effective study habits and self organization, the need for regular attendance of and daily performance in class and workshop, the need for reasonable punctuality, the need for conscious planning and management of limited finances, the necessity for and proper mechanics by which to secure prompt attention to medical problems, etc. The transmission of these value and behavior re-orienting and informational essentials fell mainly to IRP counselors.

In a sense, the IRP's role in counseling was analogous to that played by an interpreter whose task it was to re-define cross-culturally the meanings of concepts, things, and values in a fashion communicable to a person unfamiliar with the nuances of meaning peculiar to a host culture. Non-directive counseling proved fruitless, considering the lack of an experiential base for critically constructive self examination among most clients, especially in the context of an Indian-subordinate-white authoritarian-dominant perceived relationship. The view of "counseling" that is appropriate to this situation is one that conceives of the counseling inter-relationship as an outlet and opportunity for free client expression in the stimulus framework of mutual problem solving. Vocational counseling and the design of academic programs for the initial quarter of training was normally undertaken by the IRP staff, particularly in those instances where the special modifications of existing course sequences were indicated, such as in the case of students whose vocational objectives would not, upon attainment, produce degrees or certifications. The IRP's deep interest and understanding of clients often produced guidance decisions counter to those derived by NMC advisors who designed quarter programs upon less individually specific premises; however any conflicts were resolved easily. In the majority of cases, regular programs were set up initially and later adjustments were made as indicated by unsatisfactory academic or shop performance. Close cooperation between the faculty advisor and the IRP counselors insured the selection of courses appropriate to the individual's capabilities and projected employment needs.

Counseling demand situations can be classed as academic, personal-adjustment, and employment-vocational. Both individual-directive and group structured-semi-directive procedures and situations were attempted, the latter on a trial basis. Based on experiences that suggested little counseling effect with certain clients, "community problems" were thrown open for examination in a specially designed group-centered situation. The emphasis was upon inter-client discussion of broad issues relating to society, the Indian and the world of work. The sometimes abstract quality of the discussions caused later avoidance of the situation by the least secure students. Group interaction was dominated by the already most verbal students. Those having the greatest need for self awareness were not able to function well in the group situation.



Remedial and Supplemental Education: Widespread educational underdevelopment of knowledge and learning skills was among the first of the most often discernible client group deficiencies. NMC staff resources did not offer specialist services in remedial education. Remedial reading work was unavailable and the introductory English and mathematics courses were geared so far above the achievement levels of the severely underdeveloped trainees that enrollment in these courses was not advisable. NMC did operate an English clinic at a remedial level, but only the more secure clients would attend it. To combat this prevailing deficiency, an evening program was designed to provide four hours of remedial reading and four hours of basic English grammar each week. A basic mathematics and elementary science principles remedial program was set up later by IRP staff. Remedial offerings needed to be structured flexibly and approached in a relatively leisurely fashion for best effect. Films were used to introduce a concrete view of abstract principles and relationships. The efficacy of grouped methods in remedial work was sometimes in doubt. Student turnover, frequent changes in group membership, and the unpredictable and fluctuating number of IRP students needing such service varied markedly from one quarter to the next. Much of the growth value of this approach to remedial education may have been negated by the client perceived non-transferability of remedial learnings into immediate academic rewards. The difference between their remedial program achievement and that necessitated by daily academic class work was substantial.

Although a student tutoring service offered by NMC upper level students was always open to any needful student, IRP clients could seldom be induced to request help under those conditions. The IRP-sponsored supplemental work paralleled very closely the day-to-day class work, reinforcing lecture effect and, perhaps even more importantly, presenting the material under conditions conducive to significant learning. Many students were typically so self-conscious in campus classrooms that they were diverted from learning the subject matter. This reaction inhibited also their abilities and drive to participate actively in the events of classroom learning. Felt inadequacies in relation to verbalization, appearance, class preparation, and self in general produced states similar sometimes to those of psychological withdrawal. However, in a one-to-one staff or tutor-client relationship many of these inhibiting defenses tended to fade and clients were enabled to focus their attention on matters external to themselves more effectively.

Other Support Functions: Clients were often reluctant to study in the NMC library and the dormitories and their homes were seldom acceptable as places to work. The IRP prepared a number of rooms in its administrative building for use as individual and group study areas. Better centralization of IRP services, the increased frequency of staff-client contact, and better opportunities to engage in corrective study habit counseling resulted.

A certain amount of liaison activity was maintained with clients' families to keep the wives informed of decisions made concerning the family's well-being, the husband's academic and behavioral progress, the necessity of his continuous educational commitment, etc. It was found that some of the wives had hazy and oftentimes inaccurate impressions about the demands of training. Family supportive activities also included an effort to set up on a continuing basis a home management and social gathering type of program for

home bound wives using personnel available from the county extension service.

In addition to arranging for medical attention, the IRP transported clients and members of their families to health facilities at Fort Belknap and Rocky Boy Agencies.

A peculiar supportive function that deserves mention because of its reference to the attitudes of some clients toward the IRP staff is that of their "around-the-clock" expectations. Many episodes involving after hours contingencies occurred over the years. While some of these situations were of interest to law enforcement people or to the NMC administration, most of them involved need situations that required immediate contact or counseling attention. Failure to respond consistent with the defined staff:client relationship in these instances would have violated that understanding. To what extent personnel of any DVR agency can afford to be responsive to client attitude is not known. It does appear important that the concept of full service be stretched to its maximum interpretation if client confidence and rapport is to be achieved.

Job Placement: The IRP's ability to create or even locate employment situations for terminated clients at any distance was not developed to any marked extent, because this function was already performed as effectively as possible by existing agencies such as the DVR, Montana Employment Service, Bureau of Indian Affairs, and NMC staff. Furthermore, most of the job placements were effected by the clients themselves, especially in the case of those who returned to familiar territory. The IRP's role in the placement activity consisted generally of assisting in the preparation of job applications. The IRP also communicated the employment readiness of trained clients to those agencies capable of locating appropriate job opportunities. Very little interest in local employment, even during the summer months, was expressed by IRP trainees who preferred to return to their home areas for seasonal employment.

Post-Training Followup: The IRP followup activity was performed as a basis for determining the relationship of training to subsequent employment patterns. Clients became scattered, though the majority returned to or near to their home reservations. Discontinuous contact was maintained with some of these clients over a long time span. Others left the area and were never contacted again. Those who were relocated for direct employment or further training by the BIA were followed rather easily. Followup of Indian clients beyond provision of DVR service should be accomplished whenever possible in order that the realities of service outcomes can be known.

### The Research Program

Project research design was extensively and intensively oriented. The need for broad perspective, based upon an overly constricted understanding of the Indian rehabilitation problem complex, prompted a series of small scale studies and surveys. Included among these were studies of the history of Indian education at NMC, the history and outcomes of DVR Indian rehabilitation



experiences, the collection and analysis of testing and other trainee data from the BIA relative to its AVT program, and a questionnaire survey of all Indian reservation states' DVR experiences with and opinions about Indian rehabilitation barriers; other micro-studies were performed as necessary. Much of the "environmental effect" study resulted from firsthand observation. These foundation studies and surveys netted a great deal of significant information.

The identification and analysis of comparison population data was also a central research activity. This aspect of IRP research was also a necessary preliminary to the study of IRP client characteristics. IRP client data were gathered by interview, the searching of pertinent experiential records, direct and indirect observation in the training setting and beyond throughout the period of DVR-IRP sponsorship, and the administration of a variety of paper and pencil, behavior sampling tests and inventories. The in-training period produced the best series of observations.

Broadly oriented, exploratory "research" offered certain insight potentialities. For project purposes, it promised the specification generally of significant factor inter-relationships. Certain design limits and unavoidable complications dictated IRP dependence upon this general research level as opposed to what might have been a more ideally rigorous method:

- 1) The lack of reported precedent in the area of rehabilitation and other-ethnic relations failed to provide a direct opportunity for the testing of specific propositions.
- 2) The characteristics and rehabilitation potentialities of the handicapped Indian group were not yet known, disallowing the formulation of population specific and testable hypotheses.
- 3) The size of the IRP trainee "sample", in itself, reduced the likelihood that significant generalizations based upon considerations of representativeness could be derived; this did not mean that trainee-based analyses and comparisons would not be productive, but it did, however, emphasize the desirability of developing collateral data by which to elaborate the reality of IRP trainee specific observations and inferences.
- 4) Trainees had been inducted from seven spatially separated, historically, and socioeconomically unique reservation environments, from a wide range of age groups and educational attainment levels, representing widely varying degrees of assimilation, and they were also characterized by a widely varying range of social and physical handicap; this pronounced heterogeneity tended to prohibit the derivation of other than general inferences of relationship.
- 5) The degree to which data elicited by the "testing" of Indians as members of a differing sub-culture could be depended upon for making predictions was not fully understood; there were also other at least potential cross-cultural factors that were presumed to contaminate testing outcomes, thus reducing their predictive validity.

Given these barriers to researching in the strict sense, it remains that the consequent findings presented in the form of interpretive rather than detailed description in the following chapters are dependable and as accurate as perception permitted.

## CHAPTER IV

### THE FINDINGS: THEIR NATURE AND EVALUATION

The demonstration consequences and research outcomes produced by the Indian Rehabilitation Project effort are presented in multiple forms as preliminary background and environmental perspectives followed by the description, analysis, and appraisal of the training program's rehabilitation effects and the specification of barriers to handicapped Indian rehabilitation.

#### A National View

It had been presumed at the outset that the improved understandings expected of the proposed IRP program would have applicability to the solution of Indian-related rehabilitation problems on a nationwide scale. Project experience tended naturally to foster a very keen awareness on a local scale of difficulties manifest in the behavior of its clientele. This intimate familiarity with and concentration upon individual episodes and crises tended to constrict the character of IRP observations. To combat this tendency to over-confine thinking and action to matters that might have had only local reference, as well as to develop perspective on IRP client comparability, a basic informational and opinion gathering survey was executed by mailed questionnaire in 1963. The survey was directed at the administrative and counselor levels of DVR agencies in states having substantial reservation populations, requesting data covering the past five years of their operations. At that time, estimates of these problems had been developed already for Montana, Arizona, and Alaska, an area in which were included about 150,000 Indians, as bases for the creation of special VRA projects. The survey was thus directed to the 22 remaining states.

Eighteen states, containing about 234,000 Indian people, were able to respond. Three eastern states and one western state having a resident Indian population of 13,000 did not reply to the request. One mid-western and two western states were prevented from responding in detail because state laws prevented making ethnic distinctions, resulting in the loss of potential information relevant to the handicapped among another 80,000 Indians. Five other states having 130,000 Indian residents were unable to respond in detail because racial identity had not been noted during workup or because some could not perform the necessary studies and they were reluctant to provide estimates. Non-responses and the limited responses of eight states limited the survey data to facts and opinions relevant to rehabilitation experience with disabled Indians in ten states having a total population of 120,000 Indians; an estimated 5 to 10 percent or about 9,000 (according to IRP experience) were probably handicapped, of which a respectable number were probably eligible and feasible for vocational training in trades or collegiate settings.

Indians comprised 1.9 percent of all races accepted to case status and served and they constituted 1.8 percent of clients of all races served to closed-employed status. Seventy-three percent of all races achieved successful rehabilitation compared to 65 percent for Indians. This negligible success differential should be qualified by the realization that the number of clients of all races accepted to case status and served was reported as actual rather than estimated for six of the eight states, but the number of Indian clients

accepted to case status and served was actual for only three states. In comparison to the experience of the Montana DVR agency, it appeared that the national success rate with Indians was somewhat higher.

Primary DVR services provided to the 1,100 closed-employed Indian clients were distributed as follows: training 30 percent; physical restoration and/or therapy 56 percent, and; placement 14 percent.

States were asked to rank, in order of descending frequency, the general types of client characteristics that had prevented the successful rehabilitation of Indians. Factors were incriminated in the following order: personal, education, economic, familial, medical, and language. Other features, including their tendency to return to the reservation to avoid stress, dependency attitude, alcoholism, excessive nomadism, limited employment outlets, and geographic isolation were also specified. The following Indian traits, tendencies, etc., were ranked in order of their frequencies as determinants of non-feasibility for DVR decisions: lack of appropriate motivation, deficient educational background, shortage of work experience, poor English, excessive drinking, resistance to leaving the reservation for training or employment, absence of initiative, and inability to assume responsibility.

Respondents were asked: If special problems in rehabilitating handicapped Indians have been recognized in your state, do you currently plan to take steps toward revising existing services or toward establishing special programs or facilities? Eleven states responded to this item, of which none planned to revise facilities or services. Where special problems were recognized, it was felt that the small number of referrals did not warrant program revision. Four large "Indian" states indicated their confidence in the effectiveness of the co-operative rehabilitation agreement drawn up between the BIA and the VRA (following Appendix B), and one state cited its dependency on a local Indian vocational training school.

While general agreement in the perception of barrier types occurred across states, it was apparent that localized circumstances did influence interest in and the practicality of providing persisting case service to Indians and also upon the extent to which Indians were distinguished as a rehabilitation problem group. It does appear legitimate to refer to an Indian-associated complex of problems that exists on a nationwide scale, despite certain local differences.

It was unfortunate that difficulties inherent in collecting the type of data requested in this survey reduced its benefits. The prompt co-operation received from the responding states in particular was very much appreciated, however, and even this small-scale survey did contribute a somewhat authoritative appraisal of Indian rehabilitation problem continuity.

Considering that the conditions of reservation bound life and their impact upon the needs, attitudes, and behavior of the disabled Indian required examination, the next report section endeavors to establish a descriptive and interpretive framework in which subsequent discussion of training and employment behavior can be better understood.

### Reservation Culture And The Indian

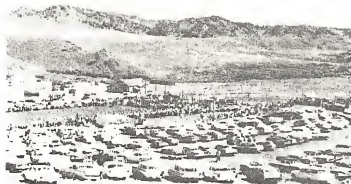
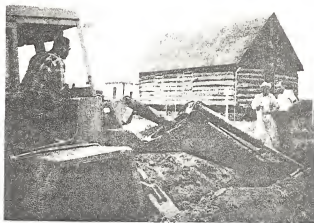
One aim of the IRP's research program was a general examination of the relationship between reservation society and the environmental determination of rehabilitation-education barriers. Reservation culture as a life way and as a context for sociopsychological conditioning must be known in some depth by anyone who would presume to enter into an effective empathic relationship with an Indian client. Based upon field observations and related experiences, a descriptive and functionally interpretive sketch was prepared by the IRP staff. While the sketch is not intended to be comprehensive, it does illustrate many essential causal relationships, certain sources of development inhibition, and the resistance of certain social institutions to change that can be incriminated collectively as barriers to rehabilitation and associated efforts to promote the Indian's socioeconomic emancipation.

Reservation Life: Six of the Montana federal Indian reservations are located in the treeless plains, and one is in mountainous country. The Indians tend to cluster in or around small villages rather than living on their own land allotments in the country. In these villages, as well as in nearby white settlements on the fringe of which some of the Indians live, life is drab and unproductive by the white man's standards. Although nearly each of the Indian communities has an attractively designed and newly-built school building, erected through Public Law 874 funds, these structures and the accompanying apartments for white teachers, which are likewise of modern design, re-emphasize the squalor of the Indian homes, the shabbiness of the general stores, the oftimes neglected roads, and the littered landscape.

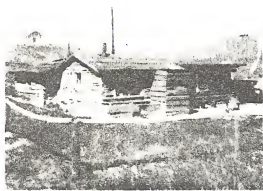
Life in these communities is comparatively sterile as viewed by the more urban white man. With a single exception in one reservation center, there are no libraries. Many of the villages have no motion picture theaters; where one does operate only the poorest and oldest Class B pictures are shown. Organized recreation is practically non-existent. During the winter months, the boys and young men play basketball, a sport that is extremely popular with Indian folks. Bingo parties for enjoyment and for raising money for special occasions, are also quite popular in some communities. Indian dances, the major social events of Indian life, are held to commemorate the Christmas season, New Year's, Washington's Birthday, and similar national holidays. Card-playing in the homes, rounds of visiting and gossiping, drinking bouts on Saturday nights--these are the diversions the average Indian family has during the fall and the long winter months when most of the men are unemployed.

During the summer, life is less monotonous. Many of the men are seasonal workers for neighboring white ranchers where they excel as ranch hands and horsemen. Others work on highway construction jobs, put up hay for white farmers, fight forest fires (for which they are receiving national recognition), or do any other seasonal work that may be available in the region. Summer also ushers in a round of social activities that means travel for the entire Indian family. Each reservation has its own special celebration. These may begin with the Rocky Boy Sun Dance in late June and then the big Fourth of July celebration at the Flathead Reservation. The Blackfeet Indian Days follow, and then it is soon time to go to Sheridan, Wyoming, for the All-

YESTERDAY AND TODAY ON THE RESERVATION: AN INTRICATE BLEND



SOME RESERVATION DWELLINGS





A basic challenge is that of preparing them to value learning. Their parents also must learn that college experience does not necessarily cause all values and ways to be cast aside. Many of the happiest and most successful Indians in the State are men and women who earned college degrees, returned to their respective reservations and who, fortified by greater knowledge of and respect for Indian tradition, assumed responsible capacities as teachers, social workers, nurses, and business people. Given proper guidance and encouragement, Indian youth have shown that some can be educated and can contribute significantly to the cultural life of America. But, left to depend only on their own limited experiences and impoverished resources, deprived of supportive aid, they can presently do little more than manage the perpetuation of the modern condition.

Some Influences Of Reservation Culture: Why is it that reservation life tends to sponsor the formation of attitudes and behaviors inconsistent with and inappropriate to the persistent socioeconomic pressures exerted by and interests of the majority society? Conversely, are there any recognizable personality consequences associated with reservation culture that might foster Indian vocational assimilation given a stimulating, economically focused opportunity for self development? Insights into the personality outcomes of cultural conditioning aid in understanding the meaning of behavior and its resistance to directed change. It is thus important to know that life assumptions, i.e. ideas, beliefs, attitudes, "mental sets" in terms of which behavior is expressed are pre-determined for the individual by the traditions of his culture. The reservation Indian is a product of reservation life. He acts and reacts, therefore, in order to satisfy psychosocial needs using outlets that are defined by his milieu of social origin and affinity, not as his needs and avenues for need fulfillment are prescribed for him by a culture whose need definitions and outlets arise from historically variant conditions. Thus it is that the physically handicapped Indian is accompanied by a change-resisting complex of experiences as he is confronted in the training setting by a wall of change necessitating stresses.

The physically disabled Indian is a commonplace feature on reservations. He constitutes in many cases just another of many passively endurable burdens to his relatives and friends. The emotionally handicapped person may be far less noticeable and disruptive in the reservation setting than on the "outside" since reservation society tolerates a broad range of behavior within which extensive deviation is sanctioned.

Cultural experience equips the individual with a unique inventory of needs and habits for approximating their satisfaction. Child raising promotes dependency over an unusually extended period. The internalization of responsibility compulsions for self maintenance is thereby deferred, delaying social maturation. Parental attitudes and behavior oscillate as a consequence of insecurity and frustration, depriving the growing child of stable structure. Parental and societal control is administered capriciously. Little constructive positive guidance generates from the home in the presence of permissiveness. Youngsters thus select for need satisfaction those alternatives supported by peer approval, denying to themselves recourse to adult rewardable choices and thereby forming habits that may compete successfully against the youth's interests in later life under conditions of conservative adult authority.

"Reservation Culture" must be viewed also dynamically as a social system in transition from a state of de-culturation to one of social re-formation. Symptomatic of this unstable condition are such prevailing social dilemmas as conspicuous drinking among persons unrestricted by sex or age group membership, illegitimacy, numerous spontaneous separations and divorces, high crime rates, to name only a few. This breakdown of a once "healthy" society results, in general, from widespread deprivation in the wake of culture loss. The contemporary young Indian thus finds himself adrift in a goal-less, frustrating, self-esteem depriving social vacuum and he is gripped by repressed anxiety. This inadequate structuring sometimes results in the client's indiscriminate selection of need outlets that are, as a collectivity, incompatible and conflicting and the resultant drive structure and need hierarchy lack authority and stable organization. Personalities are poorly integrated, psychosocial conflicts mount, asocial reactions occur, and aggravated maladjustments are transmitted without significant correction or remission to succeeding generations.

Much of the average family's energy is absorbed in surviving problems associated with sub-standard living conditions. Subsistence needs demand constant and absorbing attention, even in the presence of some degree of relief from welfare, the sale of personal or tribal resources, temporary employment, or contributions from equally needy relatives. Tribal government characterized by long range community planning is difficult of execution in the presence of enduring hardship conditions. Inequities in law enforcement seem to occur because of jurisdictional conflicts and this contributes to the erosion of local legal authority. Residents accept uncritically the inevitability of civil and criminal law violations and the compulsion to exert folk control is poorly developed. Since such asocial and anti-social acts are not discouraged by public mandate, they are thereby sanctioned to some extent.

Some of the "old" Indian religions persist and remain functional in a culturally preservative sense, depending upon the role of the socioreligious complex in sustaining the primary reference group. Proselytization over time by non-Indian religious interests has conduced in combination with other erosive agents to a reduction in Indian dependence upon historically surviving sacred beliefs and rituals. Many reservation residents are indifferent to and reject participation in such culturally conservative activities. Integrative cultural ties with the past are thus weakened, thereby relaxing the principal mechanism of social control. The individual develops within this fluid atmosphere, is denied meaningful self and social being, becomes over-dependent upon others, behaves ambivalently when faced with offers of service program aid, confining instead his primary responsiveness to obligations generating from kin and peer groups.

The reservation Indian's goals, in historical perspective, have been oriented toward the preservation of his unique cultural legacy and the gradual improvement of his modern socioeconomic condition. His strivings toward increased self determination have been gradual and typically conservative.



### Indian Education Results At NMC

While it had been recognized that Indian youth were attending institutions of higher learning in increasing numbers, few studies had been made to learn the adequacy of their performance and exactly how their performance compared to that of other students. To assess this matter in the present training setting, the grade transcripts of 212 Indian students who had been enrolled at NMC over a 20 year period were examined; the transcripts of neither IRP Indians nor other Indian students attending NMC at that time were included in the study. Indian students had been attracted into vocational programs at NMC as follows: Teacher Education - 23 percent, Basic Curricula - 31 percent, and Vocational-Technical - 44 percent. It was learned that 88 percent had been high school graduates. Sixty percent had achieved scholastic probation by the time they discontinued their education, 17 percent had left while in clear academic status, seven percent had withdrawn formally, 14 percent had graduated with one or two year diplomas or certificates, and two percent had graduated with bachelor degrees.

Further study of the grade transcripts resulted in their classification into three groups based upon differing kinds of training effect. Thirty-three percent of the Indian students had increased their employability while at NMC, even though not all of them had achieved degrees or certificates. Ten percent had been successful academically at the time they left training but they had not increased their employability. Altogether, 43 percent of the entire group were regarded as successful academically. Fifty-seven percent had been neither successful academically nor had they expanded their employability. Of those students who had entered Teacher Education programs, 38 percent had earned degrees, although 47 percent of this group were regarded as training successes. Thirty percent of those who had entered the two year pre-professional courses were judged successful. In the Vocational-Technical area, while 16 percent had earned certificates of completion, 38 percent were regarded as training successes.

It was far beyond the capabilities of IRP staff, unfortunately, to perform a similar study of white student performance for comparison. It would not, however, be irresponsible to presume that the Indian educational outcomes were, in general, somewhat lower in their enduring educational and employability value than would have been the case typically with white students.

### Vocational Interests And The Training Demand

Of those DVR applicants who eventually became IRP trainees, only about 30 percent had firm preferences for specific training objectives at the time of the initial staff interview. Most of those who had definite types of work in mind had pre-professional or professional goals outlined, while the majority of those who were later guided into appropriate vocational avenues were usually directed into Vocational-Technical programs. During the course of training, few initially selected training area choices and academic demand level decisions were changed in favor of lifting the expectation level from non-professional to professional. Some initially professional level aspirants were later guided downward into less demanding programs. By far the most frequently made changes

Vocational-Technical- 29 percent, Basic Curricula- 26 percent, and Teacher Education- 45 percent. Comparison of these distributions as they characterized the non-disabled Indian, disabled Indian, and all NTC student groups suggested the following relationships:

- 1) Disabled and non-disabled NTC Indian students tended to select or be directed more frequently than were non-Indian students into one or two year Vocational-Technical programs; completion of these courses resulted in certification or licensing and these trainees were fully qualified to enter the employment market with initially varying amounts of job supervision.
- 2) Disabled and non-disabled NTC Indian students tended to select or be directed less frequently than were non-Indian students into four year programs leading to the bachelors degree in either elementary or secondary education; completion of teacher preparation programs resulted in State certification and the degree holders were fully qualified to enter the competitive work market.
- 3) Non-disabled NTC Indian students tended to select or be directed more frequently into pre-professional majors than were either the disabled Indian or white students; completion of the two year program at NTC was followed by continued work at an associated institution, resulting in professional occupational status.
- 4) Non-disabled Indians tended to select or be directed more frequently into professional or pre-professional majors than were the disabled Indians; somewhat greater general educational readiness on the part of the former was probably the prime determinant.

The indicated differences among these groups in relation to training demands placed on the three classes of curricula probably reflected differing vocational interest patterns, differing educational capabilities and, in the case of Indian students, the selecting influence of Indian educational assistance programs.

#### The Rehabilitation Effectiveness Of The Demonstration Program

The IRP's demonstration program contributions to Indian rehabilitation required critical assessment. The nature of the training program and its emphasis upon improving service to disabled Indians necessitated the selection of criteria by which the actually derived effect could be evaluated. Attempts to apply evaluative criteria of program effect that had been developed in rehabilitation program contexts external to that of the IRP met with no success. Consequently, criteria and evaluation methods pertinent to the IRP experiences were defined and applied in order to perform the fullest evaluation possible.

The first stage in the assessment differentiated the degrees of pre-employment readiness effect achieved by tenure in the training program. This primary analysis was complemented by an examination of academic performance as a related measure of training effect.

The second stage defined and analysed the resultant post-training employment effects in terms of income and employment data gathered by followup. The differential effects of the training experience and the defined employment effects

were then inter-related to the extent possible. A general assessment of the program's rehabilitation efficiency was then undertaken.

The Analysis And Effects Of IRP Training Service: The 64 IRP clients entered 14 different vocational training programs. They remained in training for widely varying lengths of time, their training periods were terminated for varying reasons and under differing conditions, and they achieved differing degrees of training plan completion. Analysis of the training service program attempted to compensate for this variability by using an evaluative approach that permitted the simultaneous consideration of all of these features. Table III presents the resultant breakdown. The training service provided was distributed using a time factor referred to as "Student Months" (one student month equalled the training afforded to one client over a month period), the accumulated durations of which were then classified according to the selected training majors. The training service in terms of time committed per major area was then classified into the appropriate terminal training statuses that reflected training effect or value differentials. Two basic status categories were defined:

- Cat. I: Withdrawals. These 20 (31.2 percent) students dropped out of training for various reasons before they had progressed to the point where termination was contemplated.
- Cat. II: Program Completions. These 44 (68.8 percent) students continued in training until their termination under one of the following circumstances:
  - Cat. IIA: These 15 (23.4 percent) students remained in training until their suspension by NMC administrative action for failure to meet academic standards; IRP expectations on a somewhat lower plane had been met substantially.
  - Cat. IIB: These 19 (29.7 percent) students remained in training until their optimum trainability was achieved, at which time their training tenures were terminated by IRP action.
  - Cat. IIC: These 10 (15.7 percent) students completed all NMC curriculum requirements and earned either certificates or degrees.

(Note: At the time the IRP program was concluded, the training of three clients was interrupted; however, DVR planning was projected to carry them on through to completion. For purposes of training service effect analysis, these clients were classified in category IIB.)

A total of 638 Student Months of training were provided under IRP sponsorship, averaging ten months or slightly more than one academic year per trainee (although training tenures ranged from less than one month to 36 months). Withdrawals (Cat. I) prior to any significant degree of training completion, including the 17 Student Months used by one client who passed

away while in training, consumed 17 percent of all sponsored training service. Consequently, 83 percent of the training provided was converted to some degree of satisfactory training effect. Of the total service produced completions (Cat. II), 25 percent consisted of NMC administrative completions (Cat. IIA); the outcome value of training time classified as Cat. IIA was not readily determined and thus these completions were assigned the lowest terminal training value and effect of all the completion types. Forty percent of the completion time consisted of that terminated by IRP action (Cat. IIB); this service time had been absorbed by trainees who had performed to their optimal capabilities but who did not earn certificates or degrees. Substantial skill improvement and development had resulted in these instances, so the training effect was assigned relatively high terminal value. The remaining 35 percent of the completion time (Cat. IIC) had been consumed by trainees who achieved certificate or degree completions; this training service investment was accorded the highest terminal effect evaluation.

Table III shows that 41 or 64 percent of all IRP trainees took coursework in one or two year Vocational-Technical programs, namely Automotive Mechanics (N=14), Drafting (N=12), Distributive Education-Retailing (N=6), Electrical Technology (N=5), Practical Nursing (N=2), Cosmetology (N=1), and Diesel Technology (N=1). Fifty-six percent of all IRP training service was expended on programs in this Division; 15.8 percent of this V-T service was absorbed by withdrawals. Eighty-four percent of the training time was thus converted to completed V-T programs; 23.2 percent of the V-T completion service was committed to those students discontinued by NMC administrative action, 53.8 percent to those who had met IRP expectations, and 23 percent to those who earned certificates. Five of the 41 who had entered V-T programs achieved certification.

Twelve or 18.7 percent of all IRP trainees took coursework in two year pre-professional Basic Curricula programs, namely Secretarial (N=6), Business Administration (N=2), Fish and Wildlife Management (N=2), Farm and Ranch Management (N=1), and the Agricultural Business option of Business Administration (N=1). Nineteen percent of all training service was expended on programs in this Division; 4.4 percent of all B-C service was absorbed by withdrawals. Nearly 96 percent of the B-C training time was used by those who completed programs; 37.2 percent of this service had been committed to those students discontinued by NMC administrative action, 28 percent had been consumed by those who had met IRP expectations, and 34.7 percent had been consumed by those who had earned certificates. Two of the 12 who had entered B-C programs earned certificates.

Eleven or 17.3 percent of all IRP trainees took coursework in four year Teacher Education programs, specifically the Secondary (N=7) and Elementary levels (N=4). Twenty-five percent of all IRP training service was expended on programs in this Division; 30 percent of all T-E service was absorbed by withdrawals. Seventy percent of the T-E training service was used by those who completed programs; 16.3 percent of the T-E completion service was committed to the training of those students discontinued by NMC administrative action, 23.6 percent to those who had met IRP expectations, and 60.1 percent to those who had earned degrees. Three of the 11 who had entered T-E programs earned bachelor degrees.

TABLE III: Distribution of Training Time By Terminal Training Status And Vocational Major

Curriculum Division		IRF Training Statuses				Total Student Months	Percent of Student Months
		Cat. I	Cat. II	Cat. II A	Cat. II B	Cat. II C	
<u>Vocational-Technical:</u>							
Automotive	(N=14)	3.1	142.8	41.8	101.0	0.0	145.9
Drafting	(N=12)	20.8	81.0	10.0	51.0	20.0	161.8
Distributive Education	(N=)	12.0	29.0	1.0	11.0	0.0	41.0
Electrical Technology	(N=5)	12.5	9.0	0.0	0.0	9.0	27.5
Practical Nursing	(N=2)	0.0	21.0	0.0	0.0	21.0	21.0
Secretology	(N=1)	0.0	18.0	0.0	0.0	18.0	18.0
Diesel Technology	(N=1)	2.3	0.0	0.0	0.0	0.0	2.3
<u>Sub-Total:</u>	(N=41)	56.7	300.8	62.8	162.0	68.0	550.3
<u>Basic Curricula:</u>							
Secretarial	(N=6)	5.5	38.0	18.0	0.0	20.0	43.5
Business Administration	(N=2)	0.0	24.0	0.0	24.0	0.0	24.0
Agricultural Business	(N=1)	0.0	11.0	11.0	0.0	0.0	11.0
Farm & Ranch Management	(N=1)	0.0	15.0	15.0	0.0	0.0	15.0
Fish & Wildlife Mgt.	(N=2)	0.0	30.0	0.0	9.0	21.0	30.0
<u>Sub-Total:</u>	(N=12)	5.5	118.0	44.0	33.0	41.0	194.5
<u>Teacher Education:</u>							
Elementary	(N=4)	0.0	27.0	9.0	6.0	12.0	27.0
Secondary	(N=7)	30.0	83.0	9.0	20.0	54.0	136.0
<u>Sub-Totals:</u>	(N=11)	30.0	110.0	18.0	26.0	66.0	240.0
<u>Totals:</u>	(N=64)	92.2	528.8	131.8	221.0	175.0	1050.8
Percentages:		14.4%	82.9%	20.7%	34.6%	27.4%	100.0%

1

17 Student Months of Secondary Education were absorbed by an IRF student client who became ill suddenly and passed away.

In summary, the following overall and inter-Division training service effect evaluations and relationships were indicated. Seventeen percent of all IRP training service, provided to 31.2 percent of the trainees, produced no significant training service outcomes. About 31 percent of the training service, provided to 23.4 percent of the trainees, produced a moderate degree of positive service effect. About 35 percent of the service, provided to 29.7 percent of the trainees, produced definitely positive service outcomes. About 28 percent of the service, provided to 15.7 percent of the trainees, produced the most significant training effect.

When the percentage distributions of these four degrees of training service value were plotted for comparison across curricula Divisions, the following profile resulted (the figures in parentheses represent the number of trainees involved in each category):

<u>Divisions</u>	<u>I</u>	<u>IIA</u>	<u>IIB</u>	<u>IIC</u>
Vocational-Technical	15.8 (14)	19.8 (9)	45.4 (13)	19.0 (5)
Basic Curricula	4.4 (3)	35.2 (4)	26.7 (3)	33.7 (2)
Teacher Education	30.0 (3)	11.4 (2)	16.6 (3)	42.0 (3)

It appeared that the percentage of clients who completed programs with the highest service effect value (referring only to IIB and IIC clients) across Divisions did not differ --- V-T = 44 percent, B-C = 41 percent, and T-E = 50 percent. Neither did the percentages of training service committed to these most successful clients vary markedly across divisions --- V-T = 64.4 percent, B-C = 60.4 percent and T-E = 58.6 percent. Thus, no important service effect differentials were indicated to support the idea that disabled Indians in general would perform better and profit more often by a particular kind of curriculum-based training opportunity. It could be inferred that, since service effects were substantially the same across Divisions, handicapped Indians under conditions of responsible guidance tend to perform with comparable efficiency relative to all selected major fields. The view that individualized appraisals of interest and educational readiness were essential as the bases for systematic guidance with Indian clients was thus reinforced.

Earned course grade distributions, employed as a measure of Indian achievement and as an index to the efficiency of their academic performance, assisted in the appraisal of comparative training effect. A total of 3,252 credit hours of instruction were attempted during the life of the project by 62 trainees, averaging 52.5 credits attempted per student or an average course credit load equivalent to about three quarters of college work. Only 2,674 credits or 68 percent of the credits attempted were actually earned, the other credits having been lost to failed courses. Considering that IRP academic guidance and counseling usually contributed to the conservative selection of quarter program credit loads confined closely to the projected limits of client capabilities, it did appear that higher performance efficiency should have resulted. Although no statistics were available for comparison to NMC's experience, it was concluded that IRP clients probably performed as a group less efficiently than would have been normal by institutional standards.

The cumulative grade point averages for all clients were computed and the resultant distribution according to graded performance levels appeared as follows: A= none; B= 6; C= 21; D= 22; and F= 13. Since a normal grade curve has an approximately equal number of grades distributed on either side of the C mean, it was obvious that the IRP grade distribution was very abnormal, skewed severely as it was toward low average performance. A mean grade point average for the institution of 2.00 (or C) was presumed. The IRP's mean grade point average was 1.33 or about a D+ grade level equivalent. Further, a study of grading practices at NMC for the 1959-1960 academic year revealed an instructor tendency to award grades in the form of a distribution having a mean larger than 2.00. Consequently, it appeared that IRP Indian students performed at least one entire grade level lower than that indicated institution-wide.

TABLE IV

Percentage Distribution Of College Credits  
In Terms Of Grades Earned By IRP Trainees

Grade	1961-1962	1962-1963	1963-1964	1964-1965	1965-1966	Total
A	3.4	2.6	2.1	7.2	10.0	4.8
B	14.5	21.3	16.1	22.7	30.0	20.5
C	31.8	37.3	32.5	32.9	32.8	33.6
D	24.3	21.6	20.5	18.1	8.5	19.2
F	20.4	10.7	19.9	14.9	17.7	16.3
Withdraw	5.5	6.3	9.6	4.1	1.0	5.6
Yearly Average:	1.53	1.83	1.57	1.89	2.06	

Grades awarded to IRP trainees over the life of the project suggested certain positive trends, inferable from Table IV data. Shown are the percentage distributions of credits earned by grade levels. The general improvement in academic performance was attributable to a variety of factors, among the most influential of which were probably the academic selection against those who could not perform satisfactorily, the continuation in training and the gradual improvement of the academically successful trainees, and the progressive selectivity of the IRP over time inducting educationally better qualified Indian clients. Notable among the trends was the upward shift of the A plus B credit percentage from 18 percent the first year of operation to 40 percent the last year; conversely, the percentage of D plus F credits varied from about 45 percent to 26 percent over the years. The annual grade point average also increased progressively over time with a minor exception in 1963-1964 when an unusually large number of trainees were taken into the program, a majority of whom performed very poorly their first quarter at NMC.

The general assessment of training service effect based upon the college grade criterion produced evidence indirectly material to the overall evaluation. The academic performance pattern and efficiency were shown to be significantly low, indicating that IRP client selection had not inducted a trainee group capable of demonstrating a normal range of academic achievement under NMC conditions.



Follow-up did produce enough post-training employment data to permit the general determination of IRP program success relative to 58 trainees. Of these, 21 to 36 percent could not have been expected to achieve increased employability since they had not attained any degree of positive training effect. Of the 37 trainees (64 percent) who were adjudged as having substantial employability progress, 14 developed subsequent employment histories that failed to reflect their increased readiness for employment. Twenty-three or about 40 percent of those adjudged as having been greatly improved employment prospects accumulated employment histories in line with their improved capabilities.

Resultant Rehabilitation Benefits: By reason of their having failed to complete sufficient coursework or make substantial progress toward completion of their training plans, about one-third of the IRP trainees group could not have been expected to have behaved in terms of having ascended to a higher level of occupational readiness; it was presumed, however, that the training experience did benefit most trainees in one way or another. The post-training evaluation of employment effect revealed that a comparable proportion did not achieve rehabilitated status. Thus, two-thirds of the group did achieve one degree or another of rehabilitated status as was predicted on the basis of projected training effect. Since differing degrees of employment effect could not be defined due to inadequate followup data, more precise assessment of the training effect:employment effect relationship could not be performed. Critical elements relating to program benefits and accomplishments could not be examined properly. It was, after all other preliminaries had been considered, the transfer of training effect into employment and the endurance of the resultant employment effect that should have been the core criteria of program evaluation. An evaluation based upon short term employment patterns was necessitated under the circumstances.

There was, however, no question relative to the matter of the program's having contributed significantly to improved rehabilitation outcomes for some disabled Indians. Even considering the questionable validity of some of the pre-IRP rehabilitation success statistics, the fact that over two-thirds of IRP trainees achieved varying degrees of success indicated much farther reaching success than that previously attained by the Montana DVR agency.

The Predictability Of Indian Academic Performance: It became apparent that academic success at some satisfactory level was prerequisite to some degree of positive training effect; hence it was a necessary pre-condition to eventual vocational rehabilitation. Many attempts were made without notable success to isolate other specific factors that would have permitted advance differentiations between Indian clients who were successful eventually and those who were relatively unsuccessful. Many reasons for this development have been cited previously. It should be emphasized here, however, that many studies in the field of educational measurement have identified repeatedly certain factors associated with performance in educational contexts. The requirements for effective performance are a function of the learning situation itself. Thus, the requirements are pre-determined and they are not the kinds of factors that require re-specification for differing sub-cultural populations. Similarly, the basic requirements for success relative to rehabilitation objectives are also pre-defined. These kinds of factors, then, must be regarded as pre-existent. The IRP's task was not to learn whether these factors were operative with Indians,

Follow-up did produce enough post-training employment data to permit the general determination of IRP program success relative to 58 trainees. Of these, 21 to 36 percent could not have been expected to achieve increased employability since they had not attained any degree of positive training effect. Of the 37 trainees (64 percent) who were adjudged as having substantial employability progress, 14 developed subsequent employment histories that failed to reflect their increased readiness for employment. Twenty-three or about 40 percent of those adjudged as having been greatly improved employment prospects accumulated employment histories in line with their improved capabilities.

Resultant Rehabilitation Benefits: By reason of their having failed to complete sufficient coursework or make substantial progress toward completion of their training plans, about one-third of the IRP trainee group could not have been expected to have behaved in terms of having ascended to a higher level of occupational readiness; it was presumed, however, that the training experience did benefit most trainees in one way or another. The post-training evaluation of employment effect revealed that a comparable proportion did not achieve rehabilitated status. Thus, two-thirds of the group did achieve one degree or another of rehabilitated status as was predicted on the basis of projected training effect. Since differing degrees of employment effect could not be defined due to inadequate followup data, more precise assessment of the training effect: employment effect relationship could not be performed. Critical elements relating to program benefits and accomplishments could not be examined properly. It was, after all other preliminaries had been considered, the transfer of training effect into employment and the endurance of the resultant employment effect that should have been the core criteria of program evaluation. An evaluation based upon short term employment patterns was necessitated under the circumstances.

There was, however, no question relative to the matter of the program's having contributed significantly to improved rehabilitation outcomes for some disabled Indians. Even considering the questionable validity of some of the pre-IRP rehabilitation success statistics, the fact that over two-thirds of IRP trainees achieved varying degrees of success indicated much farther reaching success than that previously attained by the Montana DVR agency.

The Predictability Of Indian Academic Performance: It became apparent that academic success at some satisfactory level was prerequisite to some degree of positive training effect; hence it was a necessary pre-condition to eventual vocational rehabilitation. Many attempts were made without notable success to isolate other specific factors that would have permitted advance differentiations between Indian clients who were successful eventually and those who were relatively unsuccessful. Many reasons for this development have been cited previously. It should be emphasized here, however, that many studies in the field of educational measurement have identified repeatedly certain factors associated with performance in educational contexts. The requirements for effective performance are a function of the learning situation itself. Thus, the requirements are pre-determined and they are not the kinds of factors that require re-specification for differing sub-cultural populations. Similarly, the basic requirements for success relative to rehabilitation objectives are also pre-defined. These kinds of factors, then, must be regarded as pre-existent. The IRP's task was not to learn whether these factors were operative with Indians,

TABLE V

Scholastic Performance Predictor And Performance Criterion  
Coefficients Of Correlation  
Indian Rehabilitation Project

Predictors	Grade Point Average Criterion
1) Wechsler Adult Intelligence Scale, Full Scale IQ (N= 51)	.36
2) General Aptitude Test Battery, "G" (N= 46)	.29
3) Otis Self-Administering Test of Mental Ability, IQ (N= 46)	.36
4) Raven Progressive Matrices, Raw Score (N= 44)	.41
5) IPAT "Culture Free" Test, Raw Score (N= 20)	.27

TABLE VI

Verbal And Non-Verbal Tests Of General Ability  
Intercorrelation Matrix  
N = Varied: 22 to 47  
Indian Rehabilitation Project

Predictors	2a	2b	3	4	5
1) Wechsler Adult Intelligence Scale-					
a. Verbal	.55	.62	.81	.48	.35
b. Performance	.46		.44	.50	
c. Full Scale	.63	.59	.80	.63	.51
2) General Aptitude Test Battery-					
a. "G"			.63	.44	.43
b. Verbal			.41		.18
3) Otis Self-Administering Test of Mental Ability-				.54	.44
4) Raven Progressive Matrices-					
5) IPAT "Culture Free" Test-				.61	

but to learn instead the extent to which definable disabled Indian resources could be developed both as process and product to fulfill the existing educative-rehabilitative expectations.

To determine the predictability of Indian academic performance, in relation to future learnings and employability, the most often used criterion of academic prediction, grades converted to grade point averages, was used. A battery of independently constructed measuring devices, including both verbal and non-verbal measures of general learning ability, was adopted by the IRP for research and pre-vocational evaluative purposes. For ordinary pre-collegiate learning ability estimates, predictors are usually of the verbal type in view of the basic necessities of the learning situation. Non-verbal instruments were also used to test the often posed hypothesis: Verbal tests of intelligence do not produce accurate estimates of learning ability when administered to people whose verbal skills are underdeveloped. Therefore, for optimum validity such tests should de-emphasize the heavy verbal demand and substitute instead stimulus elements that are not as culturally loaded.

Certain verbal instruments were selected for IRP use because they were already in use by personnel of the various agencies instrumental in the evaluative aspects of Indian rehabilitation. The Wechsler Adult Intelligence Scale was commonly in use by the DVR and NMC as was the Otis Self-Administering Test of Mental Ability. The most widely used predictor was, of course, the General Aptitude Test Battery.

The Raven Progressive Matrices test and the IPAT's Test of "g"-Culture Free were adopted for use as easily administered non-verbal and relatively culture free or at least culture fair instruments.

Cumulative grade point averages earned by IRP trainees were computed, ranked, and correlated with the ranked scores produced by the above predictors. Table V displays the resultant correlation coefficients. All of the coefficients were positive but substantially lower than is usually indicated for these relationships. Further, neither the verbal or non-verbal tests presented a consistently indicated predictive advantage. The WAIS and the OSATMA offered the best predictive efficiency while the GATB offered the poorest efficiency. The RPM presented the best predictive outlook of all the instruments.

Table VI details the results of selected correlations between scores of the respective predictors of scholastic performance. While there are variations among the coefficients of correlation that are probably important, the general impression was one of reasonably high positive inter-relationships among the scores. That probably indicates that these instruments, as a group, measured the same characteristics with Indians as they did white testees.

Counselors would be advised to use the OSATMA as a quickly administered, scored, and predictively efficient measure of learning ability. The WAIS is productive of better sub-scale discrimination as a diagnostic of educational capability, but it was difficult and tedious to use in the field. The GATB appeared to be of dubious predictive value with respect to its "G" and Verbal scales at least. However, it would be in error to extrapolate too far on the basis of these suggestive but non-definitive statistics. Further testing of the indicated relationships should be undertaken in other relatable situations before decisions to select against some of these well known and widely used instruments are made.

The desirability of using objective tests with Indian clients, should the predictive validity of the tests when used with Indians be demonstrable, was suggested by the presence of various counselor-related factors. Not all

rehabilitation counselors have had the opportunity, usually by reason of excessive case overloads, to develop truly empathic understandings of the poor, the socially disadvantaged, the chronically unfortunate, or, particularly, of members of very "socially isolated" ethnic minorities. As a result, some counselors tend to project rather uncritically from some of their unrelatable previous experiences in diagnosing, understanding, and reacting to presented problem situations. This kind of subjective overgeneralization prevents the formation of an individualized awareness of and reaction to the disadvantaged client. The counselor usually has well established habits of communication and his system of developing predictions and probabilities of applicant behavior and success may inhibit his effectiveness with clients influenced by folkways and mores foreign to the counselor's experience. Objective testing offers some opportunity for cross-checking interview impressions. Also, the applicant's reaction to the testing task itself should not be overlooked in its resemblance to and value as a work sample performance setup.

### Classes Of Barriers To Indian Rehabilitation

A tendency may have been noted in this report to neglect a balanced appraisal of factors associated with Indian rehabilitation, based upon consideration of both positive and negative factors. This was due to the problem oriented and problem specifying character of the IRP effort. Preoccupation with obstructions rather than the isolation of positive resources grew out of these program objectives. In this view the positive factors are presumed and the barriers receive the attention. The major classes of barriers mentioned elsewhere in the report will be discussed in the following sections in terms of additional evidence of their magnitudes as rehabilitation inhibitors.

Educational Readiness - Aptitude And Achievement: Since it had been suspected that certain basic ability deficiencies might have tended to impede Indian scholastic attainment, comparisons were made between the GATB scores of various Indian groups (see Appendix B, Table IX) and a group of white DVR students; the national norms set a value of 100 as average for each of the sub-tests. Indians in general scored significantly lower on the "G" scale than did local white students. IRP Indians demonstrated consistently high ability levels on nearly all scales compared to the other Indian groups, reflecting IRP selectivity. The ability profiles of both the IRP and DVR groups corresponded very closely to the national averages.

LAIS scores were also grouped for ability comparisons (see Appendix B, Table X). The statistics indicated clearly the general ability superiority of the selected IRP group over the non-selected Indian group. The IRP group demonstrated an overall ability profile very similar to that of the national norm group. Tests for significant difference between the Indian and white norm groups were prohibited by the unavailability of national data. The student personnel office at MMC reported mean LAIS IQ's for 83 students who had appeared voluntarily for evaluation and/or counseling: Verbal= 116.9, Performance= 111.9, and Full Scale= 115.6. It was obvious that this latter group was much better prepared in terms of ability than was either of the two groups mentioned above. It was very doubtful that this latter group could be regarded as being typical of MMC student ability, however.

The OSATMA was administered to 48 IRP trainees, resulting in the following statistics: range= 63 to 120,57; mean= 99.3, and; standard deviation= 10.41. The OSATMA was also given to 35 NMC white students, resulting in the following data: range= 89-124, 35; mean= 109.2, and; standard deviation= 7.97. The national average was 100. IRP Indians scored in line with normed expectations, while the white students scored significantly above the national average; the white students also produced less variable scores than did the Indians, due possibly to the smaller mass of test data.

The above statements of inter-group ability relationships implied that IRP Indian abilities distributed similarly to those normal for certain standardized tests of general ability. Those Indians who were tested but who had not been inducted into training usually scored much lower on the average than the IRP or national groups. White students at NMC, excepting the white DVR group, scored higher than either the IRP or white national groups. It could be stated, therefore, that IRP Indian ability may have been an inhibitor in academic attainment. Those Indians who were considered but who were not selected would very definitely have experienced serious difficulty in this regard.

The Differential Aptitude Battery was used very selectively, principally in the field for preliminary screening purposes to develop quick estimates of the different core abilities. Based upon 12th grade national norms, very few testees scored above the 50th percentile on the Verbal, Numerical, Abstract, Spatial or Mechanical sub-tests. DAT findings were useful as diagnostics of the most deficient ability areas.

The American College Test, administered routinely by NMC at the beginning of each school year, offered scores pertinent to achievement levels in the English, Mathematics, Social Studies and Sciences areas. Since it was also suspected that prior achievement or capability deficiencies might have inhibited IRP trainee academic performance, ACT scores derived from the testing of several entering freshmen groups were compared for the two basic achievement scales. Scores of 104 Indian students and 1,393 white students at NMC were assembled and compared: a) English- 67 percent of the Indians and 44 percent of the whites scored below the 25th percentile, and b) Mathematics- 64 percent of the Indians and 58 percent of the whites scored below the 25th percentile. NMC freshmen, in general, appeared to be academically underdeveloped, with the most pronounced deficiency occurring among the Indians in the very critical English area. A further comparison made to test the inter-group achievement pattern between IRP clients (N=35) and white DVR clients (N=55) indicated the following distribution of scores below the 25th percentile: a) English- 80 percent of the the Indians and 62 percent of the whites, b) Mathematics- 57 percent of the Indians and 36 percent of the whites, c) Social Studies- 65 percent of the Indians and 46 percent of the whites, and d) Science- 54 percent of the Indians and 38 percent of the whites. The superior educational readiness of the white DVR client was thus indicated for all tested areas, though the English differential was not necessarily significant.

Though the ACT indicated a generally low institutional achievement level, IRP and other Indians had an even lower group level. Also, DVR white students were much better equipped by their previous educational experiences to handle the academic demands of vocational training.

The Iowa Silent Reading Tests were administered for diagnostic purposes in selected cases of suspected reading ability deficiencies. The severity of the reading abilities indicated was exemplified by the following examples:



a) male, 30 years of age, 10th grade education, achieved at the 11 years of age and 4.5 grade level, b) male, 21 years of age, 9th grade education, achieved at the 11 years of age and 7th grade levels, c) male, 27 years of age, 10th grade education, achieved at the 12 years of age and 8th grade levels, and d) male, 29 years of age, 12th grade education, achieved at the 13 years of age and 9th grade levels. Widespread severely underdeveloped reading abilities were very frequently incriminated as barriers to academic success.

Project experience indicated time after time that by far the majority of the Indian trainees had developed neither attitudes toward academic study nor habits of study that contributed positively to their training adjustment. For problem area defining diagnostic purposes, the Brown-Holtzman Survey of Study Habits and Attitudes was used by the IRP. The score distribution for 40 IRP trainees matched the national norm statistics very well, so that no sub-population differentials were indicated. Grouping those test responses that indicated a high frequency of deviation from those responses made by superior students did, however, point out a number of study attitude and habit problem areas. As a group they had little awareness of or appreciation for the need for sustained, orderly, knowledge-centered learning. Study was not goal-oriented nor was there any reasonably efficient use of out-of-class leisure time. They felt that boredom or disinterest in a course was sufficient justification for avoiding class attendance and the preparation of assignments. They felt that the grades they earned did not fairly accurately reflect their abilities. Their approach to learning was highly selective, or sometimes instructor-centered, and they were continually misled by their poor understanding of educational expectations. They frequently explained away poor performance on examinations as a function of carelessness rather than admitting to lack of preparation. They expressed concern over difficulty with the mechanics of English composition as well as with problems of self expression in writing generally. They tended to be rather easily distracted from tasks at hand.

Inefficiency in self application certainly contributed in a negative sense to IRP client failure under testing conditions and elsewhere. The need for intensified re-orientation toward learning was thus strongly indicated.

Medical Care Demands: One of the anticipated and enduring barriers to training efficiency was that resulting from demands for health care. Contrary perhaps to what might have been expected, many of the medical attention episodes arose from other than disability-related or precipitated situations. Since the system of needs for medical attention and the methods for its acquisition in the case of the disabled Indian differed somewhat from the ordinary rehabilitation handling of health needs, experiences will be discussed in a variety of respects.

A total of 54 or 85 percent of all project clients received some type of medical care on an average of more than 7.2 times during their training periods from either single or combined agency sources (routine dental attention was not included here, except in relation to DVI and IRP rehabilitation services). Some students received health assistance from PHS installations on their home reservations, from their parents, and from public welfare, but it was not possible to maintain any frequency or service type control on these infrequent medical demands. Consequently, the overall medical care demand was reconstructed on the basis of visitation frequency data accumulated in the records of the agencies involved.



Approximately 387 medical demand episodes were recorded, of which 61 percent were connected with IRP student requirements, the remaining 39 percent having been distributed among dependents.

Occasional needs for psychodiagnostic, psychotherapeutic, and other specialized medical diagnostic services could neither be met locally nor by the Public Health Service. Travel to Great Falls, a round trip distance of 230 miles, was thus necessitated. The character of psychoneurotic symptom presentation was such that prompt attention could only under very rare circumstances be secured, in view of the long waiting lists typical of the few mental health facilities in Great Falls. In more than one instance, suspected psychoneurotic developments could not be evaluated during the duration of the training period, due to IRP inability to secure prompt and timely appointments.

The availability locally of an ophthalmologist facilitated client provision of visual corrective aids. An impressively high percentage of IRP clients either wore or needed glasses (about 70 percent) and eyeglass breakage occurred very frequently.

It had been noted previously that a majority of IRP clients had stable rather than active or progressive handicaps. With the exception of one paraplegic, diabetics, psychoneurotics, and others taking medication periodically this generalization held true. Any future program that envisions the assemblage of handicapped persons characterized by less medical stability should make adequate health care provisions.

Further, the medical demands exerted by dependents should not be underestimated. Both wives and dependent children should receive thorough medical pre-evaluation along with that normally required of the DWR applicant to insure a balanced projection of in-training demand and the methods of achieving its efficient financing. The coverage limitations of any institutionally provided insurance should be determined and methods of handling the points of deficiency should be worked out prior to the admittance to training of trainees with sizeable families. This kind of persisting and distracting hardship on students could be eliminated before it emerged.

The exact extent to which health problems interfered with training progress was a matter for evaluation in each individual case. Psychosomatic illness was observed in a number of instances. It was estimated that at least one-third of all IRP trainees were influenced negatively while in training to significant degree by the presence of persisting health-related aggravations.

Problem 3. Adjustment: Not all of the IRP clients could be regarded as "problem clients," although well over two-thirds of these trainees did manifest at times behavior symptomatic of their social upbringing that conflicted in some measure with the expectations of the training situation. Disabled Indians, not unlike any other people, transferred into the training setting and beyond their previously learned habits of adapting to changing conditions of life. By that time these habits were well established. The sudden transition from one set of living and stresses into a secondary environment characterized by a new stress pattern could have been expected to precipitate trainee behaviors that reflected these adjustment habits. There was not much question that ways of dealing with stress arising out of a reservation conditioned life would not always result in the same kinds of stress relieving outcomes in the campus setting. Furthermore, a great deal of evidence accumulated to suggest that a majority of those trainees who experienced serious adjustment ineptabilities in training were also typically maladjusted within the reservation context.

The generalized comes of thwarted needs, misconception of training expectations, and their resultant problem producing features are discussed next.

"Problem clients" often represented the relatively close IRP supervision and behavioral surveillance during the first few months. This had been necessary initially in those cases of immaturity, lack of self-discipline, or inadequate understanding on the part of the trainee was expected to frustrate an early adjustment to the training setting. The resultant hostility was usually self-defeating since it often led to self-destructive behaviors. Rigid, highly structured life orientations, founded on feelings of alienation, inferiority, and resistance to authority, tended to cause rejection of proffered assistance and denial to self of the satisfaction of achievement.

Some clients withdrew psychologically when stressed by pressures to engage in self-corrective behavior or to modify their perception of self in relation to their rather suddenly magnified external world. Resistance to self change and other new learnings in favor of retaining habitual behaviors, some of which were dysfunctional on the campus scene, took forms that we in our culture would identify as typical asocial behavior. Little or no guidance progress was made with clients whose defense mechanism inventories were limited to such manifestations of behavior as avoidance, sullenness, withdrawal, physical violence, or self removal from training.

Counseling interrelationships were generally unproductive with many clients in contributing to the emergence of desired insights and behaviors. Basic attitudes resulting from prior negative interpersonal relationship outcomes appeared to confound efforts to establish rapport. The generalized rejection of adults as sources for advisement and trust complicated formation of significant relationships with faculty, other students, and service agency personnel. Clients seldom understood (or accepted, in the event that they did understand) that their best self-interests could be served by acting cooperatively in relation to adults whose knowledge and occupational statuses could be mobilized for their self advancement.

Although many of these clients were often excessively self-conscious, it appeared that they were not very introspective, and they seldom depended on or utilized feedback as a correcting component of self-concept. Their lack of a critical self orientation committed constructively toward attainment of even short term, self-improving goals, suggested the non-development of drives essential as sponsors of motivation to learn. Although drives were expressed for which the educational context afforded outlet, these drives seldom took behavioral forms that were regarded by others as acceptably instrumental to educational goal attainment. To illustrate: an individual sought training assistance ostensibly due to the socioeconomic benefits and self improvement that had accrued to those who had "gone away to school". In actuality, he wanted to escape the unrewarding social environment that suffocated him. He satisfied his primary drive by leaving the reservation "to go to school". Having done that and thereby having relieved his primary source of distress, he proceeded in an uncommitted manner to act out the myriad of training expectations. Since the act of "going to school" had already relieved his basic source of upset, going to classes, preparing daily assignments, being punctual, and being at least superficially responsive did not relate well to his now re-organized need system. So, his consequent behavior scarcely resembled that expected of a person who had recognized and employed sanctioned means of achieving education-linked goals. Thus, it was found that "going to school" per se was the principal satisfaction he required. Learning and job preparation were scarcely relevant to his covert requirements thereafter.

In many instances where some form of social maladjustment was identified as a factor interfering with training efficiency, i.e. learning skills, student role-taking, participation in extra-curricular activities, etc., it also appeared that these clients had been maladjusted in their home environs. Needs that could not be met in a socially rewardable way at home were usually frustrated also in the relatively "urban" environment of campus and downtown Havre. The ability of these students to select from among alternatives those ways that lead to rewardable, socially self satisfying outcomes had been "impaired" by accumulated reactions to situations of thwarting.

Many individuals transferred their feelings of self-alienation into training and, of course, even beyond unless the intervening experience of training contributed to the modification or extinction of the alienation-based needs. These trainees isolated themselves physically and socially in the dormitories and limited their relations to other Indian students or to whites with whom easy relationships could be maintained. Or they proceeded arm in arm with other agreeable associates downtown to find escape from stress. Avoidant tendencies were expressed most often in classroom and shop contexts. Absenteeism and tardiness due to oversleeping, forgetfulness, or psychosomatic illness reflected enduring patterns of resistance to and selective rejection of external demands.

Symptomatic, also, of underlying conflicts and maladaptive reactions to adjustment stress was the frequently observed use of alcoholic beverages by Indian trainees. About 85 percent of all IRP trainees were known to have used alcohol under varying circumstances. Nearly one-half of these clients engaged in moderate, occasional social drinking that was in line with that of the norm for local collegians; few, if any, of these students drank often enough or heavily enough to have produced any training interference (apart from the ordinary consequences of fatigue, temporary dis-orientation, and after depression). However, over half of those who were known to drink were regarded as problem drinkers, in view of the fact that their drinking and associated behaviors affected profoundly and negatively the course and worth of the training effort. Excessive drinking sometimes occurred in the form of extended drinking bouts, but more or less spontaneous, explosive episodes resulting in overt drunkenness, brawling or traffic violations occurred more often. Disciplinary action had to be taken a number of times based upon these kinds of episodes.

The context in which this drinking syndrome can best be seen in terms of its magnitude, etiology, and social effect was that derived by the study of the total BIA program reported upon by Assistant BIA Commissioner James F. Officer in 1963:

In the administration of our law and order programs, we are, of course, quite directly concerned with the problem of heavy drinking. During the fiscal year that ended last June 30, we had approximately 20,000 reported offenses in five of our geographic areas (about 19,000 adult and 1,000 juvenile) in the general categories of drunkenness and disorderly conduct. While not all of the disorderly conduct offenses involved excessive drinking, the great majority of them undoubtedly did. And our law and order staff is probably being conservative when it estimates that 80 percent of the Indians arrested for crimes are under the influence of liquor when arrested. Reports from non-Indian communities that would be strictly comparable are difficult to find, but those we do have show a considerably lower percentage of arrests that are linked with intoxication.

In terms of our welfare program, we find in the reports of our social workers on the reservations frequent references to the effects of intemperance on the patterns of family life. Heavy drinking has resulted in irresponsible behavior, quarreling and violence, and has contributed in many instances to the break-up of families and neglect or improper care of children. Physical neglect of children is, of course, always deeply distressing and highly dramatic. But equally important over the long run are the emotional and psychological effect of heavy paternal drinking on the children. The image of a drunken parent and the inability to work out a satisfying parent-child relationship have a devastating impact on the development of children and contribute to deep-seated feelings of insecurity and inadequacy when the children reach maturity. Children from such environments tend, in their turn, to make poor parents and so the cycle is all too often continued into succeeding generations.

Considering the proposition that the Indian client's pre-existing habits of dealing with himself and his environmental regulations were crucial to his making constructive and efficient adjustments to training, certain test elicited comparisons were made to determine whether Indians differed from whites relative to their degree of social adjustment. The Washburne Social-Adjustment Inventory was used as a research tool (see Appendix B, Table XI). The test was believed, by its author, to discriminate sharply between well-adjusted and maladjusted individuals: "The cooperative, happy person who seemed to be dealing effectively with his environment was counted well-adjusted; the uncooperative, discontented, disorderly, estranged person or one who seemed to be unable either to alter his environment or to adapt himself to it was counted maladjusted." Three of the six traits measured pertained, primarily, to emotional adjustments to other people and to the environment (Happiness, Alienation and Sympathy) and three pertained, primarily, to self-organization and self-regulation (Purpose, Impulse-Judgment and Control). It was felt necessary to clarify the relationship of the localization factor to trait distribution differences between the white test norm and Indian groups, since differences such as these, when defined, are often interpreted uncritically as a functional outcome of ethnic difference.

(Note: For the sake of convenience and simplicity in reporting these test suggested comparative relationships here and in the following section, only those traits will be considered for which important inter-group differences resulted. A full and evaluative interpretation of these findings was not possible under the requirements of this report.)

On the average, both Indian males and females tended toward being less happy than were either the local white or national college males or females. On the average, local Indian and local white males did not differ in the degree to which they felt alienated; however, both of these local groups felt much more alienated than did national white males. Indian females, on the other hand, felt much more alienated than did either local or national white females. On the average, local and Indian males did not differ from one another in the degree of their sympathy toward others; however, both of these groups felt less than normal sympathy compared to national white males. Indian females were more sympathetic than were either of the white female groups. On the average, both local male groups scored lower on the purpose or goal directed trait than did the national white male group. The female groups did not differ.

There were no differences among the male groups on the impulse-judgment trait. On the average, Indian females were more impulsive and demonstrated less judgment than did either of the white female groups. On the average, both Indian males and females tended to be less well adjusted than were either of the white groups.

While consistent agreement did not appear across all traits, it did seem that factors of localization tended to produce greater similarity between the local male groups (Indian and white) than was indicated between the local and national white male groups. Indian females tended to differ markedly from either the local or national white female groups. From these few observations, it appeared that there were a number of adjustment differentials between Indians and whites. On that basis it would appear probable that Indian habits of regulating self and coping with their environment might vary to a conflicting degree when transferred initially into a new environment posing somewhat different regulations.

Indian Needs, Values And Personality Differences: Much emphasis has been placed recently upon the undifferentiated incrimination of "cultural factors" to explain away, or sometimes apologize for, the inability of social service programs to cope effectively with difficult socially disadvantaged and/or ethnically distinguishable clients. Some IRP research emphasis was thus directed toward the elucidation of certain traits relative to their distribution among Indians and whites based upon testing data. Although technically more complicated, the approach consisted of making basic statistical comparisons between IRP, local white, and national white test scores. Tests for significant statistical differences were run and the resultant points of difference were then summarized under the headings of needs, (as inferred from preferences), values, and general personality characteristics.

Personal preferences were explored using the Kuder Preference Record-Personal (Appendix B, Table II) and the Edwards Personal Preference Schedule (Appendix B, Table VII). Based upon EPPS results, the following IRP Indian:national white differences were indicated: Indians have a greater need to conform to custom and avoid the unconventional by deferring to others, to have things structured and orderly, to feel depressed by their inability to handle situations and to feel inferior to others in most respects, to assist others less fortunate and to treat others with kindness and sympathy, to keep at a job until it is finished, and to try new and different jobs by moving around the country. Whites have a greater need to be the center of attention, to judge people by why they do things rather than by what they do, to have others be sympathetic and understanding about personal problems, and to persuade and influence others to do what they want. Although the differences were not statistically significant, whites did tend to have a greater need to say what they thought about things, and to attack contrary points of view. Local whites differed from national whites also on three of the six scales that differentiated Indians from national whites. Inter-group comparison of local whites and the Indians did not produce a meaningful pattern of trait differentials. Of five preference scales on the KPV, only one differentiated between Indians and whites; the Indians did not like to be placed in situations where it was necessary to influence the thoughts and activities of other people.

The study of Values (Appendix B, Table III) and the Survey of Interpersonal Values (Appendix B, Table IV) were used to research Indian:white value



resemblances. According to SOV results, Indians differed significantly from whites on five of the six scales: the Indian tends to seek truth, an attitude that divests itself of judgment; he tends to be philosophical. He is interested characteristically in what is useful, based upon an interest in being practical and in meeting self preservative needs. He seeks power through competition and struggle. Unlike whites, he does not adopt an aesthetic attitude or that of an artist, failing to see identities among his experiences. He does not prize other people as ends and he is therefore unkind, unsympathetic and selfish. This portrait of values conflicted at many points with observations and generalizations about Indian values that have been made elsewhere. The SOV placed a very heavy verbal demand upon testees, but a good explanation of these discrepancies could not be offered. The SIV distinguished between Indians and whites on five of its six scales. Indians tend to value being generous and doing things for other people. They do not place particular value upon being treated with understanding or receiving encouragement from other people; doing what is socially correct, being conformists; being looked up to and admired, achieving recognition, and; being placed in a position of leadership or power. This profile was in less direct conflict with other observations than was that produced by the SOV.

Values are reflective of basic motivational patterns. They may thus determine to a large extent what a person does or how well he performs. His immediate decisions and his life goals are influenced, consciously or unconsciously, by his value systems. His personal satisfaction is dependent to a large extent upon the degree to which his needs and value systems can find expression in everyday life. The presence of strong, incompatible values within the individual, or conflict between his values and those of his environment, may affect his efficiency and personal adjustment.

Personality traits, tendencies and related features were examined by the use of the (Bernreuter) Personality Inventory (Appendix B, Table V), the Structured-Objective Rorschach Test (Appendix B, Table VI), and the Minnesota Multiphasic Personality Inventory. An adapted Sentence Completion test was also used as a projective index to personality but it did not produce quantifiable results. With reference to the BPI, comparison of Indians with the white national male group produced the following relationships: Indians tend to be less self sufficient, more socially gregarious, and less well adjusted in terms of self confidence. Non-significant differences indicated a slightly higher degree of neurotic tendency among Indians, a tendency to worry and suffer emotional upsets less, and a tendency toward being more submissive than whites. The BPI was also given to white DVR clients who were attending NMC. The only significant difference between this group and the national whites was a lower neurotic tendency for the former, permitting inference of better adjustment for local whites. Local whites also scored insignificantly lower on the remaining five scales. Local comparison of the disabled was performed by relating JRP males to DVR males: The Indians tended more toward having hampering feelings of self-consciousness and inferiority, tending to be more social and gregarious than were the disabled whites. In terms of indicated but insignificant differences, whites scored higher on the neurotic tendency scale and Indians scored slightly higher on the remaining three scales.

The fewest significant differences appeared by comparison of the two white groups, followed by that of the two local groups. The national white and the local Indian groups had the least in common and more differences were

indicated. There appeared to be remarkably consistent agreement between the outcomes of inter-group comparisons relative to the national:local, white:Indian, and local white disabled:local Indian disabled inter-group comparisons. The BPI was unusually effective in discriminating group personality characteristics.

Significant differences were recorded for eight of the 15 SORT elements, based upon the comparison of national white and IRP Indian scores. These elements were defined in typically symbolic and non-behavioral terms, according to the classic Rorschach approach. Indians tend to have a much better developed facility for dealing with concrete and minute details. They tend also to have temperaments reflecting less acceptance of their role in society, poorer adaptability to their social environment, and a less effective balance between social perception and inner emotional control. A tendency was noted for their having a very constricted range of interests. Their intellectual productivity and efficiency appeared to have been reduced by tendencies toward perfectionism and compulsivity.

The MMPI was among the last of the instruments incorporated into the IRP test battery. Despite its lengthy testing time, the MMPI was expected to contribute a worthy function due to its ability to diagnose major psychological disorders. As had been noted previously, very few of the IRP clients had diagnosed mental problems; however, IRP experience had suggested in a number of other cases the possible presence of such disturbances. Unfortunately, the data that accumulated were derived by the testing of those clients who manifested very little of this type of behavior; these problems had appeared rather frequently during the early years of the IRP when clients were definitely less acculturated and less equipped to cope with environmental change and stress. Consequently, of 36 IRP clients tested, emotional problems of some order, ranging from slight indications to rather complicated problems, were identified for 17 or just under one half of the group. The following observations must be confined to this 27 percent of the IRP trainee group. The most frequently identified abnormality was that of depression, indicating poor morale of the emotional type with a feeling of uselessness and inability to assume a normal optimism with regard to the future. Also, psychasthenic problems manifested as excessive worry, lack of confidence, or inability to concentrate were prevalent. Of less frequent occurrence were hypomanic problems of marked over-productivity in thought and action resulting in dissipation of attention and energy with very little actual performance being produced by any one activity. Minor tendencies toward psychopathic deviancy, schizophrenia, and paranoia were also indicated in a limited number of cases. The symptomatology was very elaborate in some cases and very simple and only slightly suggestive in others. These judgments would, of course, have required cross-checking by clinical judgment prior to any form of corrective action having been attempted. Thus, the view that some handicapped Indians may have, in addition to or as a partial function of their basic physical disability, an accompanying mental problem needs further testing. The extent to which any problem of this type may act as a barrier to rehabilitation must be evaluated in each individual case.

In summary, this section has endeavored to set forth in general and sometimes rather specific terms the principal classes of variables that behave usually in a negative manner to inhibit or prohibit the flow of rehabilitation service to its desired outcomes. Chapter V will re-examine the data and generalizations offered in the report to this point as they relate specifically to IRP objectives. The present and long term implications for the regular Montana DVR program will be followed by the presentation of broad recommendations for continued efforts to understand problems and to improve further upon rehabilitation service to the Indian disabled.



## CHAPTER V

### REHABILITATION IMPLICATIONS AND RECOMMENDATIONS

The scope and variety of considerations examined and discussed in the previous sections of this report caused the incorporation into early contexts of certain implications arising from the various data and suggested findings. Thus, it will be the initial task of this chapter to assay generally the extent to which the objectives guiding the total IRP effort were attained rather than to re-state the findings. These generalizations will then be converted into applied perspective and interpreted in terms meaningful to the programming of the Montana DVR's subsequent and, of course, continuing interests in achieving a higher degree of success with Indian clients. Certain recommendations and suggestions relating to needed DVR program modifications will then be made. The implementation of these ideas were expected to contribute further to the eventual upgrading of DVR service effect with Indians and with other peoples handicapped in similar environmental ways.

Program Goals And IRP Findings: The objectives that guided the execution of the IRP program from the outset over a five year period were set forth in Chapter I on pages 3 and 4 and they will be dealt with in order of their specification.

The first stated objective, as defined in the original application, proposed to seek solutions to problems of rehabilitation common to reservation Indian clients, with the expectation that the solutions thus achieved would aid in the alleviation of these problems among Indians and among similar sub-cultural groups. IRP activities were directed more frequently toward the identification and clarification of problems than toward their solution. Many of the problems exposed were not of the type that lent themselves to remediation, due to their complex social origins. The role of the rehabilitation agency in relation to various problem manifestations was, thus, not one of solving the basic problems but rather one of creating an environment or sequence of environments in which the handicapped Indian could function to the height of his capabilities. The experience did indicate that the major rehabilitation obstacles were of the type likely to be encountered in working with clients other than Indians who had also been environmentally handicapped. The IRP's survey of rehabilitation experience in other reservation states indicated that the Indian problem, when defined in very general terms, was widespread despite ethnic differentials which were at least ostensibly of a rather low order of importance.

The second original objective proposed the establishment of an operation by which to implement the IRP design. This objective was achieved despite some inbuilt defects in the program, included among which were the limited staffing and the inability to induct a substantially larger number of trainees into the program. Most of the problems that were of an administrative nature were solved and a workable system emerged to benefit the majority of clients.

The third original objective proposed that this complex of improved services to the Indian disabled would be accomplished by a demonstrable system of events preceded by screening, selection, and joint inter-agency planning. The service complex emerged from the IRP experience much as anticipated. The pre-intake phases were accomplished under conditions of joint inter-agency

cooperation that far exceeded any expectations, despite the presence of many physical barriers and the difficulties of conducting formally convened sessions with other-agency representatives. The extent to which the IRP demonstration program design can be used as a "model" for the development of similar programs under other institutional conditions remains a matter for conjecture and experimentation.

In terms of the subsequent modification of these original objectives, the following additional comments are pertinent to the re-defined goals. A minimum amount and variety of information delineating the dimensions and extent of the overall Indian rehabilitation problem was assembled which permitted a reasonable assessment of the problem's magnitude and its many facets. The various IRP surveys and case finding activities probably uncovered the essential features of the existing "pool" of handicapped Indians, although the broad rehabilitation potential of those not considered for training was not determined.

The second re-defined objective proposed an effort to "facilitate in every conceivable way the material vocational advancement of a selected group of trainable disabled Indians." Given the limitations in IRP design, and the limitations of personnel, specialists, and curricula available at NMC it was believed that existing resources were utilized to the fullest possible extent to effect Indian client growth and advancement.

The third re-defined objective envisioned a program self-study to evaluate the effectiveness of the various functions of the demonstration program. In practice, these evaluations were carried out on an ongoing continual basis and indicated changes were made promptly. The overall assessment of the various functions as they appeared at the IRP terminus was indicated by evaluative remarks offered earlier at proper points in the report. A program orientation based upon critical self examination characterized the IRP's approach to its operation.

The fourth objective proposed the performance of researches to establish the extent to which traits distinguishing the relatively successful and unsuccessful Indian client might be specified. Though by no means exhaustive but admittedly broad and ambitious, IRP researches became at times overly preoccupied with this question. That the effort was, for the most part, stymied effectively by the many barriers to researching under IRP conditions was somewhat foreseeable. It was, however, the persisting interests of rehabilitation counselors in locating highly specific predictive indices that caused the extension of this effort. The IRP findings pertaining to this and associated questions put to rest any optimistic prospects of defining specific traits or trait combinations that would be useful in any more than an extremely general way in making advance predictions of degree of service program success with Indians. Given comparable degrees of educational readiness, clients would have to be distinguished subsequently on the basis of their respective drive strengths, everything else being held equal. And it was precisely this differential motivational formation between and among individuals that eluded IRP efforts at isolation and quantification.

Three essential research questions were also proposed for examination (though they were not independent of the other objectives just discussed). The first initiated an evaluative inquiry requiring comparison of pre-IRP DVR and IRP effectiveness with handicapped Indians. Since pre-IRP DVR experience with Indian clients had a very small training base, a direct comparison was

prohibited. However, there was little question that the IRP outcomes were superior to those that would have accrued had not the IRP been active in selection as well as during the in-training phases.

The second research question was concerned with the matter of whether, once having been defined, the barriers to rehabilitation could be ordered in terms of their inhibiting consequences and, further, to what extent predictions made on those grounds would be accurate. IRP findings revealed that the major barriers could indeed be identified, but the experience failed to support the view that these barriers could be ranked in order of their impeding value. First of all, the barriers tended to develop cumulatively and progressively and they were therefore intimately related to one another. Deficiencies acquired in the early years contributed to later inadequacies which, in their turn, prevented full performance, etc. Secondly, the matter of inter-barrier inhibition value required evaluation in each individual case. The positive strength of one factor sometimes tended to compensate for a deficiency in another, so that clearly discerned priorities of factor effect were not visible under any form of analysis. Thus, predictions of future performance, apart from those based with many qualifications upon standardized testing, could not be made systematically using a basic set of factor priorities applicable uniformly to all trainees.

The third research question sought to determine the extent to which the small data mass produced by IRP observations relative to its trainees could be depended upon for generalization to other disabled Indians, or the extent to which generalizations should be avoided and emphasis should be placed instead upon reference to the individual case. Research indicated that the IRP group was rather well selected for its trainability and, therefore, could not be regarded as being representative of the identified handicapped Indian group. Generalizations arising from research on that group then could not be projected, except with the exercise of due caution, to any other specifiable sector of the disabled Indian group. The generalizations about reservation life and culture and its influences upon the behavior of the disabled Indian pertained to Indian life in general with particular emphasis upon its negative impact. With respect to the comparative utility of the individual case, it became apparent also that the trainees comprised such a heterogeneous group that generalizing even in statistical terms was a risky approach, let alone relying upon individual cases for generalizing. The individual cases, examined in the absence of a grouped perspective, would have been very difficult to utilize comparatively with other prospective Indian clients. It was imperative that each applicant and each client be evaluated and assisted in terms of a plan derived on the basis of his individual characteristics.

Since it did not seem important to reiterate the findings reported in the previous chapter, the foregoing evaluative remarks were offered to indicate the extent to which the proposed objectives were attained.

Meaning For The Montana DVR Program: One of the primary approaches of the IRP effort was by way of an examination in indicated depth of the social origins, causes, and contemporary character of Indian behavior. While this approach did explain to a certain extent the reactions observed under conditions of rehabilitation, it failed to provide much insight into the ways by which these environmentally conditioned impediments could be displaced. The IRP demonstration program did, however, point up certain areas in which more

intensified effort would likely result in greater rehabilitation benefits for Indians. In addition to those findings and ideas offered in this respect in the previous chapters, the following suggestions for DVR programing emerged from the IRP experience:

- (1) In order to be more effective in working up Indian applicants for DVR service, more effective inter-agency communications and a suitable method for recording and exchanging activity information would be necessitated. These problems could be approached by the formal allotment of a portion of a counselor's time for working with reservation people to work up case data and forward it to the agencies involved in providing service. Considering some of the problems encountered in making contact with Indian applicants on the reservation, more time allotted for activity on the reservation would be very helpful. The continuing demand for the broader advertisement of the rehabilitation opportunity by stepped up public relations activity would also be beneficial.
- (2) Problems of adjustment could be alleviated to some extent by having prospective trainees visit the training center for a period of time prior to the beginning of the training period and also by visitations to various employment settings to improve their understanding of various occupations and their requirements. A more elaborate approach to this problem would envision the provision of pre-adjustment training whereby the prospective Indian trainee would receive intensive re-orientation and re-education on matters pertaining to his role in the world of work; a greater understanding of white expectations, the character of study demands, dress, social participation, etc. could be communicated and given outlet under these conditions. This type of program would be set up several months prior to the beginning of the training period, perhaps in combination with (3) below.
- (3) The problem of severe academic retardation could be met by the provision of an extended period (up to one year) of intensive pre-vocational remedial education preparatory to any attempt to move clients into formal training settings that place academic and other demands beyond client capabilities to perform. Curriculum emphasis would be upon the basic English skills, remedial reading, writing, and elementary mathematics. Classes should be kept small. Such an effort must be regarded as special education from both an educational and socio-cultural viewpoint. The program would need to have the ability to adapt to a wide range of individual differences in background and achievement. Small group situations complemented by individual tutoring would be most effective. The lecture method should be avoided, substituting in its place continual interaction between the client and the instructional staff. One of the keys to such a program's success would be its flexibility.

It should be noted with respect to (2) and (3) above that the Bureau of Indian Affairs has accumulated some very valuable experiences in conducting adjustment and pre-vocational training programs for Indians at some of its field offices. DVR should explore further the possibilities of cooperation along these lines.

- (4) The availability of a mobile and versatile rehabilitation specialist skilled in pre-vocational measurement and in working with the ethnically disadvantaged to circulate around the state in a liaison capacity and as needed to facilitate any or all phases of Indian client rehabilitation should be explored further. The feasibility of locating a rehabilitation counselor within the context of an appropriate training center to deal with at least the in-training aspects of client rehabilitation should also be determined. Or, a rehabilitation counselor in whose district the training institution is located could be permitted to devote part time to Indian client-related activities at the institution.
- (5) Since many of the suggested pre-training needs probably fall outside the capabilities of DVR agencies, DVR efforts should be directed toward the initiation of such courses of action at institutions which are used by the DVR as training centers.
- (6) Rehabilitation counselors should continue to be sensitized to problems of and opportunities for special project development with Indians. As an example of such perception, the creation of a very small but necessary service program peripheral to the IRP operation may be cited. Three young paraplegic Indian males were brought to Havre by DVR action and placed in a rest home not far from campus. The IRP staff performed the pre-vocational evaluation and some counseling was provided. The DVR sponsored remedial education via student tutoring preparatory to further assessment of college readiness. Each client responded differently but, as a result, one client acquired college level work in a pre-drafting program and another client was later transferred to an eastern rehabilitation center where he is pursuing further preparatory work.
- (7) The final IRP report could be utilized as a basis for DVR staff conferences focusing upon Indian rehabilitation problems and potential ways of improving service. To complement these findings and discussions at some point, it would be well to institute on a seminar or other basis staff training program in matters relative to cross-cultural life and implications.
- (8) It is highly recommended that the DVR agency consider the revision and expansion of its concept of vocational handicap by the elaboration of its present concept to include the socially disadvantaged Indian who does not have a medical disability. In this manner, rehabilitation services could be extended even further to reach the very substantial pool of Indians who are in need of this type of service.
- (9) In view of the wide geographic scatter and personnel turnover problems that characterize reservation agencies, the maintenance of a reasonably stable point of contact would add to the continuity of rehabilitation service on each reservation. A person should be designated, apart from any affiliation with existing reservation agency personnel, to act as the point of internal contact from which all communications could be gathered and disseminated to Indian applicants. The rehabilitation counselor could thus retain sustained contact and the day-to-day progress of applicants could be observed closely.
- (10) In addition to the normal medical appraisal, a thorough examination should also be performed on clients' dependents in advance of

their removal to the training center. Also, more consideration should be given to including mental examinations as a regular part of the initial medical appraisal in those cases where applicants' backgrounds reflect a history of adjustment problems.

- (11) Experience has shown that the inflexibility of various agency programs in meeting unusual conditions of inter-agency financing has, in itself, acted at times as a material barrier to client well-being.
- (12) Certain shifts in the counseling and guidance approach must be made in view of the many natural communication barriers and the value differentials noted by IRP experience. The client is basically not cognizant that matters of service program regulation, capabilities, and expectations are important. Efforts to educate these and other ideas and concepts foreign to his values must be geared down to his verbal level and also to his learning pace. The outcomes of efforts to "motivate" clients should be profitable to the client, based closely upon reality. All instructions, directions, and other advisement should be spelled out laboriously to insure as far as possible understanding, acceptance, and compliance. This counseling approach is necessary and it is predicated upon the concept of intensive case service.

Suggestions For Further Related Activities: In order to optimize the benefits attainable by any action taken to effect the preceding recommendations and suggestions, a second series of projected needs is offered. While it is understood that the DVR's capabilities for performing surveys or research are presently very limited, these ideas are offered with the view that a special projects orientation is a healthy, progressive one which seeks ways and means of developing needed services and facilities.

- (1) A longitudinal followup study should be performed in five years from the date of IRP program termination to permit a long term evaluation of IRP effect..
- (2) Elementary and secondary schools on reservations should be surveyed periodically so that the handicapped Indian child can be identified early enough to allow for projections of service implications to newly emerging social service programs. School nurses and Public Health Service personnel should be consulted regularly in this regard.
- (3) As a prelude to the long range projection of Indian demand upon DVR services, it appears advisable that further attention be given to exploring the rehabilitation potentials of the sizeable pool of IRP referrals who, although they were not ready educationally to the extent required under IRP circumstances, were in need of some form of rehabilitative assistance. Many of these prospects were identified by IRP case finding and referrals were made to the appropriate DVR counselors. But a majority of this potentially serviceable group was only identified and was not given any other attention beyond the immediate needs of trainability assessment. Consequently, rehabilitation service other than training (or perhaps including consideration for trade level training) may be indicated for some of these persons.



- (4) Among its exploratory uses of various standardized and non-Standardized data gathering devices, the IRP used a number (which were not mentioned in earlier discussions) for which some additional future research usefulness was indicated. The IRP attempted to differentiate levels of acculturation among IRP trainees using the Guttman Scale of Acculturation in terms of acculturative indices that were defined among the Navajo. It was found that those factors which differentiated satisfactorily among Navajos did not do so among Montana Indians. A Study to determine the locally valid indices of acculturation might add an important predictive index to the pre-vocational evaluative effort with Indians and further efforts appear to be warranted. In an effort to learn to what extent Indian clients felt discriminated against ethnically or tended to discriminate against others, the Bogardus Social Distance Scale was applied. Its preliminary use indicated clearly the presence of an easily recognized pattern of discriminatory attitudes. Many feelings of alienation were attributable to this attitude. Since certain problems had been experienced in using such relatively sophisticated testing instruments as the Strong Vocational Interest Blank and the Kuder Preference Record-Vocational in defining Indian vocational preferences, the Instrumental Activities Inventory was used to a very limited extent. This instrument consisted of a number of black and white line drawings depicting typical reservation occupations. While the instrument had been designed by George Spindler at Stanford University as a research tool, it did appear to have some projective value in appraising differential vocational preferences. Further efforts to use this type of instrument appear to be warranted, especially in the case of the very socially isolated DVR applicant.
- (5) A particularly important area in which research should be conducted is that of motivational analysis. A recently released instrument was considered for the IRP group, but its verbal demand level forced selection against the test. It may be that an instrument will need to be standardized on Indian people. But the essential factor is the identification of motive types that are supportive of educational-vocational progress. Thus, standardized instruments based on white samples, as they become increasingly available, may have to be depended upon.
- (6) Members of the project staff read technical and non-technical papers before various academic and professional groups consisting mainly of rehabilitators, educators, sociologists, psychologists, and anthropologists to exchange information and ideas over the years. There was a great deal of interest among these various disciplines in the problems faced in the course of accelerating the rate of vocational assimilation of the Indian disabled. More effort should be expended in soliciting advisement from and the concentration of these potentially useful viewpoints and skills upon the problem under discussion here.

That there is widespread interest in the problems surrounding Indian rehabilitation is testified by the fact that other similar projects came into being after the IRP became operational. A project at Arizona State College entitled "A Cooperative Program For Rehabilitation Of Disabled Navajo Indians"



was approved by the VRA and it has been in operation for a number of years. Later, the "Alaska Native Rehabilitation Project" was also approved by the VRA for Anchorage, Alaska. Over the years the IRP received numerous inquiries from both public and private agencies requesting copies of annual progress reports. Some of these interests matured and at the present time it appears that one other public and one privately supported agency have plans along the way toward setting up trial service programs for the disabled among the Iroquois and Sioux peoples. Another relatable program effort began before the IRP program in 1956. It is known as "The Mental Health Project For Indian Boarding Schools" and it is located at the Flandreau Indian Vocational High School in South Dakota. Each of these interrelatable efforts which are tackling similar kinds of problems will, upon their completions, contribute independently to a growing mass of data and observations that will add to the understanding of Indian-related rehabilitation barriers.

In summary, it would appear that given the advantages of time and ever expanding perspective the outlook for the progressive improvement of Indian rehabilitation is better now than it has ever been. Significant advances in both understanding and action have begun.

## APPENDIX A

### Special Case Studies and Summaries

Selected case studies are provided to illustrate on an individual plane most of the generalized human and operational features that, of reporting necessity, were treated on a de-personalized basis in the preceding discussions. Those clients were selected whose backgrounds, in-training and post-training characteristics and experiences tended to exemplify those barriers and problems that occurred most frequently. To what extent any individual and his peculiar constellation of traits can be regarded typical is a consideration reserved for the statistician. It is the essential heterogeneity of the small population served by the IRP that argues for the presentation of individual case study treatments as an integral descriptive and analytic element to counterbalance an over-generalizing tendency. However, preoccupation with the individual case to the exclusion of generalization about many clients is equally as unrealistic and deplorable. A balanced perspective should be sought.

### SPECIAL CASE SUMMARY AND STUDY

Client A was born a full blood Piegan Blackfeet Indian in 1938 at the Public Health Service Hospital at the Reservation Agency. He lived with his parents and his sixteen year old sister in a particularly squalid and deteriorated section of the community. His father was known to be quite industrious and resourceful, doing a variety of odd jobs such as painting and manual work. He graduated from high school in 1957 at the age of 19. Thereafter he held part-time laboring jobs until in 1959 he was involved in a minor accident that produced contraction of his right hand due to laceration of some tendons of the carpal tunnel and the severance of radial and ulnar nerves. Reconstructive surgery was performed by a Great Falls surgeon. However, the client retained residual weakness in his hand and was prevented from performing fine discriminative movements. He was advised to refrain from heavy manual labor with this hand and lifting, pushing and pulling activities with it were to be restricted. In the fall of 1960, he entered a private college intent on becoming a medical technologist; however, he withdrew before completing his first quarter due to his inability to handle the subject matter. Upon returning home, he did not attempt to find work and he began to receive general relief payments from the county welfare department. Shortly thereafter, he obtained employment as a janitor-custodian at the high school, earning \$267 per month. Earlier he had made application for ID assistance but he later withdrew it.

Through the efforts of the county welfare department, he was referred in 1961 to the Havre DVR counselor. Application was taken in August, indicating that he owned an automobile valued at \$500 and had fixed obligations in the amount of \$540. He expressed an interest in business administration, teacher education and medical technician fields. His high school record reflected a positive orientation and adjustment to learning, but neither GATB scores or VAIS scores supported his enrollment in any of these fields. Interest testing, however, produced results compatible with his presented vocational objective areas. He was adamant in the matter despite counseling and registration in Elementary Education was effected after considerable deliberation. The Tribe funded his trip to Havre and his work began fall quarter 1961, to be financed mainly by a Tribal Education Grant and a combination of DVR-IRP supplementary support.

Despite his ostensible eagerness and zealous self application, he failed all but one of his fall quarter courses. A reduced course load was assigned for winter quarter. He cooperated thoroughly in the IRP remedial reading and grammar courses and generally proved to be a group asset during these first two quarters. His social adjustment improved considerably although he still became very anxious in company with some unfamiliar whites. And he continued to over-confine his interpersonal relations to a young fellow Blackfeet. His winter quarter grades improved somewhat to the extent that he passed six of twelve credits attempted. He became increasingly aware through experience and counseling that he could not handle the coursework even under conditions of a reduced work load. He began to examine other related "white collar" activity areas and indicated an interest in practical nursing. The NMC practical nursing

program could not accommodate male students but the director of nursing suggested making application for a new program for male nurses to begin in the fall of 1962 at the Missoula County High School. Application was made, he was transported to Missoula for interview, and he was accepted for entry into the program. In the meanwhile his major at NMC was adjusted to a general liberal arts program spring quarter to further diversify his learning experience.

However, his spring quarter performance was characterized by a loss of interest and reduced academic involvement, for which adolescent behaviors were substituted (excessive movie going, television watching, basketball playing, etc.) He earned 10 of 16 attempted credits during this period and he was suspended by NMC for failure to earn a C average. Typical of his demeanor during his last quarter was an eternally optimistic outlook despite considerable contrary evidence of unsatisfactory performance. He generally rejected the dormitory on the grounds that incessant disturbances prevented his working.

In September, his case was transferred to the Missoula DVR office for handling at the Missoula School of Practical Nursing. He responded well and consistently to the on-the-job atmosphere which de-emphasized lecture type learning. He was lauded by the director of nursing as being a "...very conscientious student. He strives constantly for excellence in his nursing skills. He has not been absent and he is punctual. The money allowed him [DVR funds] is certainly well spent." He received his PN license in August 1963 and he was employed immediately, after four months work at St. Patrick's Hospital in Missoula, by the PHS Hospital on his home reservation at a starting annual income of \$3,200. Subsequent reports indicated a fine adjustment and he voiced interest in further expanding his skills under another training agency.

He remained with Public Health for a year and a half, advancing to a salary of \$4000, after which he transferred at the same salary to a Marine Hospital in Seattle, Washington where he worked for one month. He returned home and was unemployed for a few months during which he provided intermittent care for his aging father. As of March 1966 he had been employed for six months off reservation where he was earning \$1.50 per hour plus overtime and emergency work. He intends to re-apply for PHS employment because the pay is higher and he is still entertaining vague plans for further training. He is now married to a Shoshoni girl who is also a licensed practical nurse.

In summary, client A is handicapped by reason of an impaired hand and lower arm. He attended NMC for three quarters, during which time his disability per se did not interfere materially with his training since only a single medical demand episode is recorded. His academic performance was unacceptably low, although positive development did emerge relative to his attitude and ability to articulate socially. His initial re-adjustment having been effected and his self concept having been re-oriented, he was transferred to a training setting the demand level and content of which were appropriate to his capabilities and interest. Upon successful completion of the practical nursing program, the client entered employment directly at his own initiative end, with the exception of insignificant breaks, has remained continuously employed since. His aspirations are higher and he has moved into what appears to be a mature marital relationship. Counseling, guidance, remedial and

supplemental instruction and vocational training assisted materially in his development. His DVR file was closed January 1964 as Status 12, fully employed and no longer in need of service.

#### Pre-Vocational Evaluation And Research Detail

##### Vocational Interest:

Interests similar to those of people successful in the following occupational groups were indicated - Osteopath, Dentist, Farmer, Printer, Policeman and Office Man. Less definite were slight interests similar to those of Veterinarians and various types of Teachers. Negatively disposed interests were those dissimilar to: Psychologist, Physicist, Engineer, Forest Service Man, and Personnel Director. (SVIB). High interests were indicated for Artistic, Musical and Social Service while Mechanical, Computational, Scientific and Persuasive activities were outstandingly low. (KPV)

##### Scholastic Aptitude and Mental Ability:

Performance on the WAIS produced a Verbal IQ score of 89 (23rd percentile), a Performance IQ score of 99 (49th percentile) and a Full Scale IQ score of 93 (32nd percentile). Notable among the sub-test deficiency areas were Arithmetic, Similarities, and Vocabulary. The GATB "G" score was 85 (23rd percentile) and certain sub-tests scored as follows: Verbal - 90 (31st percentile), Numerical - 63 (3rd percentile) and Spatial - 104 (58th percentile). The OSATMA scored at 79 and he achieved a score of 80 on the Kuhlmann-Anderson test while in high school. He earned a RPM score at the 38th percentile. In general, the different measures of this factor agree well on his ability and learning level.

##### Achievement:

The ACT produced achievement percentiles as follows: English - 5th percentile; Mathematics - 3rd percentile; Social Studies - 20th percentile, and; Science - 4th percentile. Severe academic retardation was evident, even accounting for possible downward scoring based upon acute situational stress experienced under pre-entrance testing conditions.

##### Personal Preferences:

He preferred smooth, pleasant social situations and he should have been willing to make considerable effort to preserve friendly relations. He did not like situations in which he had to influence the thoughts and activities of other people and he did not like to be in a position of authority. (KPP)

##### Self and Interpersonal Values:

This client was among the first group to enter the IRP program and measures of these variables were not at that time in use.

### Personality:

Same condition as cited in the above section.

### Social Adjustment:

Low Formal adjustment; happy and sympathetic, but alienated in the borderline category and below normal in truthfulness and impulsiveness. (MSAI)

### Service Program Evaluation and Related Observations

Client B's severe academic retardation, immaturity and other factors frustrated IRP sponsored efforts in the training setting in the sense that skill development did not become measurable. Counseling was effective in selected areas in sponsoring re-orienting insights and a more adequate self concept. It did not appear that his physical disfigurement was a focal source of any particular embarrassment or concern.

The project was instrumental in speeding up the provision of tribal resources on his behalf to the extent that there was no disruptive inconvenience produced by the absence of minimum finances. A supportive role was also played with reference to his acceptance for the male nursing program. At no time did it appear that he sought dependent shelter by the project from campus stresses. His essential independency is manifest clearly in his self sponsored performance in later settings.

At this juncture it should be emphasized that this client's immediate family is rather close to traditional tribal ways. He is fully bilingual and participates knowledgeably in a variety of persisting socio-religious ceremonials. To what extent he experienced any conflict because of his dual orientation remains unclear. Despite his oft stated intention during training to "get away" from the erosive reservation context, he returned there for employment and has since taken up residence off but near the reservation. To what extent he continues in any traditionalist roles is not known. It would be exceedingly difficult to support any assertion that his vocational assimilation was slowed by the incipient conservatism of the persisting "old ways". His academic retardation and his sometimes erratic adolescent behavior may be traceable to the contemporary reservation milieu of competing modern social forces. Whatever, he has managed to retain those Indian values and activities that are meaningful to him while simultaneously entering effectively into the competitive work market and while functioning normally as a member of the total society.

In IRP staff opinion, this client would probably have been denied the opportunity for further education beyond his first withdrawal from training experience. Secondly, it is apparent that he would not have been successful in an ordinary collegiate level situation, lacking the advantages of the diverse services and opportunities available to him at NMC. It is felt that the IRP served a critical function in his vocational self realization in a somewhat different way than characterized its relations with the majority of its trainees.



### SPECIAL CASE STUDY AND SUMMARY

Client B was born 1/8 Gros Ventre Indian in 1940, her 1/4 Indian mother having married a white man, at the Public Health Service Hospital at the Reservation Agency. Her father later drowned accidentally and the client was raised, with her five younger brothers and sisters, by her mother who became a store clerk in an adjacent community and who later worked at the Agency. Her mother was reportedly nervous, periodically going into rages and worrying about money matters and the children. The client completed high school in 1958, after four successful years during which she earned A and B grades exclusively. After high school graduation she attended a college in a distant state, during which time she experienced a psychiatric breakdown and received private care there. She returned to her home area and went to work in Great Falls as a receptionist-secretary. During this time, she developed plans to attend a modeling school and a school of music. She became infatuated, began to re-experience previous fears, worries and upsetting episodes and she sought psychiatric assistance. The doctor felt that "she had numerous psychotic breaks in the last two years. At these times she has feelings of omnipotence, grandiosity, and at times auditory hallucinations. She is in a hypomanic state at present." His suggested diagnosis was Schizophrenic Reaction, Schizo-Affective type. It was recommended that she commit herself voluntarily to the Montana State Hospital and she entered in October 1960 (to be discharged two months later). Examination disclosed that the client and her family had witnessed her father's drowning and it became suspected that she harbored secret guilt feelings respecting her responsibilities in the matter. Hospital treatment consisted of electroshock and tranquilizing medications and it was felt that she improved markedly. Upon her release it was recommended that she continue tranquilization under her family doctor. She returned home and went to work as a clerk in a wholesale automobile parts establishment where she earned \$240 per month.

In early 1962, the client at age 21 was referred to the Havre DVR office jointly by a Public Health Service nurse and the BIA Relocation Officer located at the Agency. Application for DVR services was taken in August, further indicating that she owned household goods valued at \$400 and had an outstanding indebtedness of \$200. Medical evaluation established no physical impairment and her major disability was classified as psychiatric. She indicated an interest in taking vocational training leading to the B.S. degree in elementary education. Pre-vocational evaluation of her high school record, General Aptitude Test Battery scores (administered by the Montana State Employment Service) and Wechsler Adult Intelligence Scale scores (administered by the local DVR counselor) indicated the presence of well developed requisite abilities. Her application for training was approved by the State DVR office and, upon acceptance by the Indian Rehabilitation Project, the client entered Northern Montana College fall quarter of 1961. Costs were to be subsidized jointly by the DVR and the IRP. IRP evaluation of the client indicated high general intellectual ability, despite moderate academic retardation. Some conflict did exist between her presented vocational objective and scores on interest inventories; high interest in business, secretarial and office work, as well as elementary education constituted her positive interest pattern - however, she scored low on the English Teacher scale (which she had elected as her education major field) of the Strong and low on the Literary scale of the

Kuder. She did, however, later perform at the B level in English-Literary courses, though she did elect to change to Secondary Education.

The client moved into the women's dormitory, but stress was produced by certain interpersonal relationships and the Dean of Women advised that she be permitted to move off campus. This was accomplished and no significant negative episodes, beyond normal problems for personal adjustment counseling, developed during her first year. Academically, she performed above expectations, averaging B, B- and C+ respectively each quarter. She was not as dependent upon IRP personnel as were the majority of IRP students and she developed excellent relationships with her instructors. She characteristically carried a heavy extra-curricular load the first year consisting of dramatic plays, choral activities and campus political activities. Due to her fine performance (and considering that up until that time few and only minor occurrences of psychoneurotic symptoms had been noted, despite her occasional laxity in using prescribed medication), she was permitted to continue her studies the following summer quarter. Her grade average dropped to the C level due to numerous distractions. In August, she was selected as Havre Queen for the Montana Centennial celebration. She started out on a self inspired promotional campaign around the state but she suffered a psychiatric relapse while in Great Falls, after which she returned voluntarily to the State Hospital. She was admitted in serious condition and remained under active treatment for three months, during which time she obtained a job in the Medical Library to occupy her time. She returned to NMC winter quarter and she performed at the B level, once again engaging in numerous extra-curricular activities including a part time clerical job at the high school. She was advised by the IRP to drop certain activities when it became apparent that her latent emotional condition was becoming aggravated by her hyperactivity. Between winter and spring quarters, the client went on tour as a member of the Northern Singers Choral group. Upon her return she was hospitalized locally for symptoms of flu and fatigue. While in the hospital, she became involved emotionally with a male patient and also during that period she wandered off from the hospital on two occasions without giving notice. She was located once in a girls' apartment building several blocks away. After a week in the hospital for observation and rest she was released and went to live with a middle-aged couple of long acquaintance. Her mental condition deteriorated rapidly, becoming manifest in bizarre situations involving religion. She refused to go back to Warm Springs voluntarily and she was returned involuntarily after a court hearing. IRP staff visited her subsequently on two occasions and it was learned that her acceptance of the need for treatment had improved. Her doctor indicated a course of therapy which he felt would result in her release that fall. The client was released in August but she did not re-contact the IRP or DVR for a month. Early in September she inquired about returning to school and she was sent to her previous Great Falls psychiatrist for evaluation. He advised re-admittance and the IRP arranged through DVR for regular three week interval visits to Great Falls. Travel and prescribed medication were provided by the Public Health Service Hospital at the Agency. It was insisted that the client live on campus, and avoid unreasonable engagements in extra-curricular activity. At the outset, she appeared normal and was progressing well in her studies. Psychiatric appointments were kept faithfully and medication was taken as directed. A few instructor reports indicated the possible appearances of negative symptoms.

Her grade level fall quarter was B-. In mid-February, she had a relapse and was returned for temporary confinement and treatment to Great Falls. She was reported getting along well, but her response slowed unexpectedly and it was necessary to withdraw from NMC. She was dismissed shortly before the beginning of spring quarter and she returned to Havre intending to enroll. Her behavior became erratic and she left the dormitory only to return after another session with her doctor. She appeared to be under heavier medication and was less exuberant, although she now announced her plans for a June wedding. Her condition became better stabilized toward the latter part of spring quarter and therapeutic services were discontinued, although she remained under light medication. She participated in the spring operetta without negative effect and, although she was pre-occupied with pre-marital planning, she managed a B- grade level for the quarter. She married as planned a very accomplished student in electronics at NMC and they moved that summer to a far distant state where he is working as a civilian for the government. Persistent follow-up efforts were not productive and contact with her doctor in Great Falls indicates no recent communication with medical people in that area.

In summary, the client is handicapped by a personality and behavior disorder. She attended NMC over a three year period, during which time her training was repeatedly interrupted by psychoneurotic episodes necessitating hospitalization. Counseling, guidance, vocational training and physical restorative services were provided. Considering that no employment history accumulated beyond termination of LRP-DVR services, the case was closed in October 1964, Status 12, Closed-Employed as a housewife.

#### Pre-Vocational Evaluation And Research Detail

##### Scholastic Aptitude And Mental Ability:

Performance on the MAIS produced a Verbal IQ score of 112 (79th percentile), a Performance IQ score of 115 (84th percentile) and a Full Scale IQ of 114 (83rd percentile). The CATB "G" score was 110 (70th percentile) and certain sub-tests scored as follows: Verbal - 98 (46th percentile), Numerical - 110 (70th percentile) and Spatial - 97 (45th percentile). The OS/TMA scored at 110 (80th percentile) and she earned a RFM score at the 87th percentile. These "mental ability" scores cluster very well and are, on the whole, in excellent agreement.

##### Achievement:

The ACT produced achievement percentiles as follows: English - 72nd percentile; Mathematics - 59th percentile; Social Studies - 30th percentile and Science - 33rd percentile.

##### Personal Preferences:

She preferred working with groups, but did not like to be in a position of leadership and she preferred to work in unusual situations and develop new experiences. (KPP)

### Self and Interpersonal Values:

Her dominating motives lay in the social and economic spheres, while aesthetic and theoretical things were de-valued. Political and religious activities were not valued or de-valued. (SOV) She placed high value on supportive interpersonal relationships and placed very low value on playing leadership and benevolent roles. No particular value or dis-value was placed on conforming, being recognized or being independent. (SIV)

### Personality:

Emotional instability is indicated. She dislikes solitude and often seeks advice and encouragement. She tends to be introverted and imaginative. She tends to be somewhat self-conscious and is hampered by feelings of inferiority. She tends to be sociable and gregarious. (BPI)

Her intellectual approach tends to be highly structured, with less than average generalization and more than average preoccupation with detail. Her behavior tends to be consistent, although social responsibility, cooperation, activity potential and tact are below average. (SORT)

She feels somewhat overprotected by her mother and resents it mildly. She orients herself positively but in a superior relationship to other females. She is accepting of men in their masculine roles, although she reflects a little basic distrust. She is generally accepting of authority and authority figures. Her social relationships reflect extrovertive needs. She has strong drives for companionship, happiness, and helping other people. She has a sensitive but accepting attitude toward aggressive behavior and a normal inventory of responses to rejection is indicated. She has a positive adjusting orientation to failure and she desires responsibility. A strong emotional response to the subject of sex is indicated. She is very much idealistic of the female role in marriage. She has confidence in doctors and reflects a determination to overcome illness. She appears to have a substantial variety of anxieties, some of which relate to matters of racial prejudice and discrimination. She has an excellently positive self-concept: vivacious, friendly, refreshing, pleasant but spoiled, having attractive mannerisms, and holding high moral values. (SCT)

### Social /djustment:

She is normally adjusted, despite borderline status in the alienation and self control categories. (USAI)

### Study Habits and Attitudes:

She scored at the 33rd percentile, ranking 19.5 from the top in an ITP group of 31 students. Self-identified barriers to effective self application were as follows: has difficulty in expressing self in writing which has a slowing effect upon the completion of class assignments; has difficulty in assembling ideas with order and clarity within a brief amount of time, causing inefficiency on exams; does not establish study goals, and; does not prepare systematically for learning assigned work. (BH)

### Service Program Evaluation and Related Observations

Efforts by the IRP staff to secure scholarship assistance from the Division of Indian Education of the Montana Department of Public Instruction were unsuccessful due to the client's less than 1/4 Indian blood quantum. Neither was it possible to marshal funds from the county welfare department, considering her enrolled status.

The client did not actively regard herself as being culturally Indian. Indeed, she was not and she must be regarded as "totally assimilated". Any behavioral conflicts that appeared during the service period were probably only those occasioned by her emotional disorder. No major college-connected or urban-related adjustment problems were ever strongly in evidence. If anything, she became over-involved in the pressures of the collegiate environment due to her hyperactivity. Little evidence of negative prior social conditioning attributable specifically to reservation life could be isolated. Prior educational experiences had been rewarding and her aspiration level was high. Her academic performance at NMC ranked 3rd from the top in the total group of 64 IRP clients. The client's employability was improved considerably by her more than two years of varied educational experiences.

It is the opinion of the IRP staff that the client would not have made the progress she did, irrespective of the neutral employment outcome, had not the varied and accessible services of the IRP been available. The centralized coordination of inter-agency resources was, in itself, of major consequence in assuring exceptional continuity of rehabilitation service in her behalf.

## SPECIAL CASE STUDY AND SUMMARY

Client C was born a full blood Assiniboiné Indian in 1927 at the Public Health Service Hospital on his reservation. His father died that same year as did the client's older brother. His mother re-married three years later. At the age of four the client was stricken with an ear disease that produced chronic otitis media and resulted in hearing impairment. He became a member of the Mormon church, later marrying a 5/8 Assiniboiné woman four years his junior who was a member of the Catholic church. They raised three children who were 18, 15 and 6 years of age at this writing. The family had lived all of their lives in and in the vicinity of their home community on the western edge of the reservation. The client completed high school in 1946 and his wife completed the 7th grade. The client's work history consisted of seasonal labor on farms and ranches, working as a chain and rod man on surveying crews, and nine years of continuous but seasonal work as a machine operator for the railroad company.

Late in 1961, the client at age 34 was referred to the Havre DVR office by one of the IRP students who had known him as a friend and who was a distant relative. Application for DVR service was taken in December, indicating that the client was receiving \$204 per month as railroad unemployment compensation and that he had some land held in trust by the federal government. He had an automobile and furniture valued at \$800 and he reported over \$300 in indebtedness. Medical evaluation established the extent of his bilateral hearing loss, indicating that a hearing aid would probably not have been of assistance since the client had overcompensated to a major degree. Restrictions were stipulated against his working in underwater situations and in the vicinity of mechanical or other hazards involving a need for acute hearing. The condition was described as stable and his health was otherwise good except that his front teeth were in very poor condition. The client indicated an interest in taking the two year Automotive Mechanics course at NMC. Pre-vocational evaluation of his high school record, test scores derived from IRP initiated testing, the medical evaluation, and a series of interviews altered the training objective from Automotive Mechanics to a four year Secondary Education degree program with a major in Social Studies. This objective was later modified to a Physical Education major with a minor in Social Studies.

A fee exemption scholarship was sought and secured in the client's behalf from the Division of Indian Education of the State Department of Public Instruction and assistance from the Bureau of Indian Affairs was also forthcoming to supplement DVR and IRP funds. The client moved to Havre with his family and they were assisted to settle in the married students' housing on campus. His work began winter quarter of 1962 and it continued without interruption, excepting summer breaks, for the next four years. The initial relationship was founded upon heavy dependency for supportive counseling and academic reinforcement. He proved to be an indefatigable student although periods of relative lassitude and discouragement occurred infrequently. His initial adjustment to learning requirements was made efficiently and he managed, after having been away from any formal learning situation for 15 years, to earn a C+ average his first quarter. He first encountered great difficulty with a general psychology course. Later, he experienced a sense of inadequacy in some basic technical courses in Earth Science, Chemistry and Anatomy and Physiology. Music and Poetry courses also caused him to panic at



times. Social Studies courses usually earned average grades and Physical Education courses produced A's and B's. As his self application habits improved gradually and as his feelings of inadequacy were replaced by a sense of competence, his ability to arise to practically any kind of subject matter increased. Technical coursework during his last year produced grades at the B level exclusively. English composition assignments were initially met with diffused feelings of suspension and frustration, until counseling and constructive critiques, coupled with rewarded classroom performance, caused the emergence of greater confidence and skill growth. His penmanship was flawless and that in combination with his flair for neatness soon carried him to greater concentration on the mechanics of self expression and exposition. Performance during the following 11 quarters was as follows: C+, C, C, D, C-, C, B+, C+, B-, B+ and B. His scholarship improved progressively as he was able to transfer his other-dependency to himself.

During the training period, he cooperated fully in the IRP's research testing program. He availed himself of every opportunity to learn including the IRP's supplemental education program and the supervised study situation offered by the IRP. He was the most intent of all IRP trainees in the remedial reading classes. His principal distraction over the years was the obligation to return to the reservation for social visits and for events involving illness or death in his or his wife's family. Illnesses among the children, the birth of one child, and frequent visits to the Public Health Service Hospital at Fort Belknap Agency for attention to recurrent chest pains also acted as disruptive episodes. The client was not very responsive in the area of financial management and he persisted in making major purchases that were neither warranted by his income nor his need situation. Interim summers were spent as a foreman on a haying crew working out of his home community. At the end of the training period, the client decided that he wanted to remain in his home town for employment, principally because of his wife's interests in remaining close to her relatives and friends. Through the IRP and the client's efforts it was arranged that he take his practice teaching in the high school in his home community. All degree requirements were completed in the fall of 1965. There being no staff positions open at the time, he was unable to effect employment there that year. He and his family lived on his summer earnings and general relief payments during the winter and he was awarded a contract in amount of \$4,600 to teach Social Studies and coach at the high school beginning the fall of 1966.

In summary, this client received four years of vocational training leading to a bachelors degree in Secondary Education at NWC. The physical handicap remained stable but acute chest pains developed to interfere with but did not impair his training performance. Moderate academic retardation was set aside by the client's persistent drive to improve himself. Physical restoration in the form of dentures contributed importantly to a better self image and his growth in self assurance was truly remarkable to observe. A complex of significant services were provided over time resulting in employment commensurate with the client's interests and capabilities. His case was closed as employed late in 1966.

## Pre-Vocational Evaluation And Research Detail

### Vocational Interest:

Interests similar to those of people successful in the following occupational groups were indicated - Teacher (Math-Science, Vocational Agriculture, and Social Science), Office Man, Farmer, Printer and Senior CPA. His interests were markedly dissimilar to persons successful in the following occupations: Artist, Psychologist, Architect, Dentist, Physicist, Engineer, Minister, Lawyer, etc. (SVIB) High interests were indicated for Clerical, Persuasive, Social Service and Computational activities, while low interests were rated for Outdoor and Scientific. (KPV)

### Scholastic Aptitude and Mental Ability:

The WAIS produced a Verbal IQ score of 103 (58th percentile), a Performance IQ score of 105 (63rd percentile) and a Full Scale IQ score of 104 (60th percentile). The GATB "G" score was 113 (75th percentile) and certain sub-tests scored as follows: Verbal - 102 (54th percentile), Numerical - 113 (75th percentile) and Spatial - 110 (70th percentile). The OSATMA scored at 106 (70th percentile) and he earned a RPM score at the 95th percentile. General agreement tended to be manifest across these respective mental ability indices.

### Achievement:

The ACT yielded achievement percentiles as follows: English - 12th; Mathematics - 4th; Social Studies - 26th; and Science - 30th. The DAT produced (12th grade male norms) the following percentiles: Verbal - 60th; Numerical - 70th; and Mechanical - 50th.

### Personal Preferences:

He did not enjoy particularly working with people and meeting new people, especially when he was the center of attention. He would rather work with things than with ideas. He preferred avoiding situations where he would be cast in a directive, authoritarian role. (KPP) He had a low drive for achievement and he was very accepting of advice and leadership from others. He had a need to be well organized. He was accepting of dependency and had a low drive for independence. He was preoccupied with himself and did not engage in intrceptive analysis of others' behavior. Very little drive for dominance was present and he tended to feel guilty and engage in self-recrimination. He was not a quitter although his aggressive drive was low. (EPSS)

### Self and Interpersonal Values:

He tended to adopt a thoughtful approach to himself, valuing a theoretical view of things. He placed low value upon seeking form and harmony---tendency toward pragmatism. He was not mystical about himself or life, tending to be non-aesthetic and practically oriented. (SOV) He did not value being treated with kindness and understanding. He did value the sheltering effect of careful conformity. Being looked up to and

admired were not important to him. He placed high value upon being able to do things in his own way. He was inclined to be very generous in doing things for and extending aid to other people. He did not value being placed in charge over other people. (SIV)

#### Personality:

He tended to be emotionally unstable. Because he disliked solitude, he often sought encouragement and advice. He tended to be introverted and submissive. He expressed feelings of inferiority and was excessively self-conscious. He tended to be very sociable and gregarious. (BPI)

His intellectual efficiency was reduced by low generalization skills. His behavior tended to be consistent and he was highly practical in his approach. (SORT)

A strong, accepting dependency relationship with his parents was recognized. He tended to be critical of other males, manifesting rigid ideas about the male role. He tended to be critical of females in general, reflecting some resistance to his dependency. He was ambivalent toward authority figures. He tended to be dominated in social situations and relationships. Money, family, health, understanding, no work and being generous were his prime drives. When confronted by aggression he tends to accept the challenge with qualifications, sometimes getting mad or feeling humiliated. He would react to rejection and failure passively, usually by turning inward and giving up. He expects and accepts medical assistance. He had a poor self ideal, feeling unwanted, a failure having set low standards for himself. (SCI) No personality aberrations were indicated. (MPI)

#### Social Adjustment:

Low normal overall adjustment was indicated. Feelings of alienation were pronounced, and verging on borderline maladjustment. Impulsiveness and goal orientation were well adjusted. (WSAI)

#### Study Habits and Attitudes:

He scored at the 4th percentile, ranking 22nd from the top in a group of 23 IRP students. Barriers identified were as follows: hastily written, poorly organized class reports; memorization without understanding; afraid to ask for further information; tendency to daydream in class; difficulty in assembling ideas in a brief amount of time; unable to concentrate; motivated by prestige of a college education; often miscued in studying for exams; random approach to study assignments; careless mistakes on exams. (SSHA)

#### Service Program Evaluation and Related Observations

The IRP was effective in marshalling resources to assist this client in the fullest utilization of his capabilities. He was responsive to an unexpected degree by comparison to most of the IRP trainees. His maturity very definitely contributed to his drive for improved socioeconomic status. However, there was ample evidence that an Indian traditionalist orientation underlay some of his thinking and ambitions. His skills in speaking the Indian language were not highly developed but he could listen with

facility to the old men. He was a participating member of one of the Assiniboine clans and he took part in various of the religious rites and gambling sessions that took place on occasion. He was able to compartmentalize these various spheres of orientation and behavior in such a way that, aside from the infrequent need to be absent from campus while he was taking some such part at home, there was ostensibly at least no other points of conflict with his white value orientation. He evidenced a keen interest in learning more about the ancient ways of his people and he followed through by extensive reading. He cooperated zealously in IRF interviews on language, Indian dances, etc.

He moved from a seasonal type of work at the laboring level to year round professional employment in the course of a very demanding rehabilitation effort. It must be concluded that given the barriers of age, moderate educational underdevelopment, a lengthy history of laboring level employment, a conservative life orientation, and a complex of physical handicaps, this client achieved a remarkable degree of growth and development. It appears somewhat doubtful that he would have managed this in the absence of the personalized and rather intimate services that were at all times accessible and pertinent to his particular needs.

### SPECIAL CASE STUDY AND SUMMARY

Client D was born a 1/2 Sioux Indian in 1942, the daughter of a full blood Sioux mother and a white man who emigrated from the east to live with a traditionalist Indian family on the reservation in 1930. He came to be regarded as a son by the Indian family. His first Indian wife died after five years of marriage. He married again a year later and the client was the second child by the marriage. Her mother died when she was only nine months old and the grandparents kept her from birth, acting as her foster parents. She was adopted by them at the age of 14. The adoptive father was, until the age of 78, at which time he was disabled by severe rheumatism, a moderately successful farmer-rancher who had completed seven years of school. The adoptive mother had completed six grades of school and she read and wrote fluently. She was the dominant member of the family, generally cooperative but strong willed in her relationships with agency personnel. The client's childhood was marked by the above association which occurred in a very isolated setting on the reservation where no running water or electricity were available in the home. The nearest medical facility was located at a distance of eight miles and the nearest community of any size was 10 miles away. No medical problems developed during the formative years. The client distinguished herself through high school and she graduated in 1961. At no time was she a behavior problem but it was observed that she had not developed any close relationships with people. Neither were her vocational or extra-curricular interests very well developed by the time she completed high school. At the urging of an interested member of the high school staff, she made application to and was accepted by a Bureau of Indian Affairs out-of-state training school for practical nursing. At first she made initially good adjustments and lived in the student dormitory. After two months at the school she was reprimanded for an indiscreet act. She slashed her wrists the following day and was admitted to hospital where she expressed a variety of fears relating to her being a failure. Her depression was found not to be severe and she returned to school. But her performance was not adequate and she was informed that her return to Montana was being contemplated. She threatened suicide and was admitted to another hospital for psychiatric attention. The diagnostic impression was depressive reaction, severe, possibly schizophrenic, suicidal tendencies. She was hospitalized for about a month for observation and therapy. Upon her release the attending psychiatrist recommended her as a reasonably good prospect for rehabilitation given continuation of her practical nursing objective. It was pointed out that she was a somewhat immature and emotionally unstable person with potential for depression who, with continued psychiatric interviews, could make a good comeback.

The client returned to her home and the Department of Public Welfare referred her to DVR in July 1962. She was interviewed by members of the DVR and IRP staffs independently and pre-vocational evaluation and medical eligibility actions were instituted. Her vocational objective continued to be practical nursing and she appeared fully capable of handling the academic work. She was approved for training and the social worker at the Agency secured some funds for clothing. She had no assets, no work experience and she had been living on welfare. A cooperative training plan was set up with the Bureau of Indian Affairs AVT program to supplement the DVR-IRP assistance, and training began fall quarter of that year.

She moved into the nurses' residence hall adjacent to the hospital and the campus on schedule and initial adjustments were made without problems. She settled quickly without incident into the study and hospital routines. Due partly to her physical separation from the campus proper and partly to her very independent nature, IRP staff members had to initiate and follow through on making contacts with her. Her work was excellent and no interpersonal conflicts were in evidence. She earned a C+ average the first quarter, doing her best work in the strictly nursing courses. She began dating a young man who worked downtown and shortly thereafter she announced plans for marriage winter quarter. She was counseled by the director of nursing to postpone her plans until the end of the quarter and she agreed to do so. Emotional conflicts began to emerge relative to the demands of the young man and the client became markedly depressed and withdrew psychologically from the training situation. An appointment was obtained with a Great Falls psychiatrist and she was transported for psychiatric interview. The doctor reported severe basic conflicts associated with the pre-marital relationship, indicating immaturity on the part of the client and her fiancé. He prescribed medication to help calm her. A second visitation in two weeks saw her greatly relaxed. She had made the decision to marry and with that some of her overt depression had disappeared. The marriage occurred at the end of the quarter. She earned B's in all of her courses that quarter and she appeared quite happy. Her performance dropped off to C+ spring quarter. She became pregnant and stresses were produced that resulted in temper flareups at the hospital. She was persuaded to return to summer quarter classes, completing satisfactorily all of the final examinations but failing to complete the required floor work in the hospital. She was re-admitted to complete her last quarter's program the following summer after the birth of her child. Babysitting arrangements were made and funded and she earned B's in all of her incompleting coursework. She passed the State's practical nursing licensing examinations. She went to work almost immediately at a local hospital, earning \$215 per month. Client services were terminated and the case was closed as employed November 1964. Followup reports indicated that employment had been sporadic due to conflicts with the baby's bronchial problem and with her husband's work schedule. The client's work was rated very highly by hospital personnel and they tended to be very understanding of her domestic and health conflicts.

In summary, this client was handicapped by the presence of a personality disorder. She attended NMC for four consecutive quarters but had to interrupt for a year to complete course requirements. Because of her well developed capabilities as a student, there was no particular need for her to participate in the IRP's special help programs. Beyond the administrative tasks of setting up cooperative financing the principal IRP service lay in the area of personal counseling and the procurement of timely professional assistance. Even during her period of separation from the school, continued liaison with the client was maintained so as to keep the vocational objective in correct perspective as well as to supply the necessary encouragement. Lacking any previous work record it is notable that the client functioned on a very high performance plane with few difficulties during and beyond training. She identified very strongly with the helping medical profession and she has been a credit to the service.



## Pre-Vocational Evaluation And Research Detail

### Vocational Interest:

Interests similar to those of people successful as Artists, Nurses, Dentists, Laboratory Technicians and Physicians were indicated strongly. Negative interests were indicated for Teaching and Secretarial occupations. (SVIB)

### Scholastic Aptitude and Mental Ability:

Performance on the VIIS produced a Verbal Score IQ of 105 (63rd percentile), a Performance Score IQ of 104 (59th percentile) and a Full Scale Score IQ of 104 (59th percentile). The GATB "G" Score was 105 (59th percentile) and certain sub-tests scored as follows: Verbal - 88 (38th percentile), Numerical - 113 (74th percentile) and Spatial - 104 (58th percentile). The OSATMA scored at 106 (70th percentile). A consistently above average learning ability profile was suggested.

### Achievement:

The ACT produced achievement percentiles as follows: English - 49th percentile; Mathematics - 19th percentile; Social Studies - 18th percentile, and; Science - 7th percentile.

### Personal Preference:

She enjoyed working with groups of people, looking forward to new experiences in unfamiliar situations. She had no preference for avoiding conflict type situations. (GVV)

### Personality:

She tended toward emotional instability. (BPI) She tended to be higher than normal in generalization, inductive reasoning ability, social responsibility, cooperation and conformity. Her confidence and persistence were below normal, but so was her rigidity. (SORT)

### Comment:

This client was test shy, tending to associate testing with her previous psychiatrically determined evaluation. Consequently, she was not cooperative and the matter was not pursued beyond this point.

### Service Program Evaluation and Related Observations

Since this client met all of the basic qualifying requirements associated with broad services to Indians, it was possible to coordinate the collective resources of a variety of agencies in her behalf. This was accomplished smoothly and did not inhibit the timely progression of her training.

## SPECIAL CASE STUDY AND SUMMARY

Client E was born a 5/8 Northern Cheyenne Indian in 1940. He contracted polio shortly after birth, resulting in the atrophy and weakening of an arm and one shoulder. As a teenager he was involved in a car accident that resulted in visible tissue damage to his forehead. His father was deceased and the client lived with his mother and younger brother in a cabin near the boarding school on the reservation. He dropped out of high school before completing but he had returned at the age of 20 and earned his diploma. His work experience consisted of seasonal firefighting and manual work at the doll factory at the Mission.

In 1961 he was referred by his brother to the attention of the IRP when he was a senior in high school at the age of 21. The following year he was interviewed and he indicated an interest in taking the two year drafting program at NMC, based upon interests developed during two years of successful work in mechanical drawing in high school. Application for DVR service was taken during the summer of 1961. Medical evaluation specified limitations of mobility and strength in the impaired arm and shoulder relative to heavy manual labor or excessive use of the upper limbs. A visual examination revealed 20/300 vision correctable with glasses to 20/25 vision. He had no real or capital assets. At the time he was working as a seasonal lawn keeper earning \$200 per month. Evaluation of his high school record indicated above average academic performance. GATB results were abnormally high and some lack of agreement with other test scores was apparent at the outset. The Bureau of Indian Affairs was contacted after a training plan had been approved by DVR and the IRP and a cooperative financing agreement was worked out. Educational grants made by the tribe to the client augmented the above assistance at necessary times.

The client moved into the men's dormitory fall quarter 1962. His initial quarter's work was characterized by erratic spurts of energy and sudden slumps. Class attendance was irregular and at times he showed no self confidence whatsoever. He returned to school several days late after Thanksgiving vacation due to a "misunderstanding" with another student who had been driving. As a function of these difficulties he failed all of his non-drafting courses that quarter. Winter quarter saw improvement in his attitude but his attendance continued to be sporadic. Chronic oversleeping caused him to miss early morning and even mid-morning classes. Intensive counseling was instituted and special arrangements were made with the resident on his floor for waking him in the mornings. He did C- work his second quarter, earning an incomplete in engineering drawing. During spring quarter he settled in earnest into his drafting courses earning an A and a B, but failing in technical mathematics. He worked at the boarding school during the summer break and returned to NMC in the fall. By November it was apparent that he was in serious academic difficulty. Psychosomatic illness was manifest and he confined his movements to his room in the dormitory. He squandered a great deal of after class time watching television and going to movies downtown and his study habits went steadily downhill. In early December, the client was incriminated in a drinking spree that extended into the dormitory. He was placed on disciplinary probation and he made a real effort to profit by IRP sponsored evening classes in mathematics and to catch up with his other work. Oversleeping continued and the dean of men inquired concerning the possibility of brain damage having been incurred in the client's past

An examining psychiatrist noted that the client had had a very abnormal childhood and teenage period during which he suspected she had suffered psychological abuse from the foster parents. He felt also that she was experiencing severe conflicts regarding her religious cultural background, since she was also a Roman Catholic. In interview with IRP staff she had indicated a fine ability to speak and comprehend the Indian language with expressions of self pride. At the same time she overtly tried to deny the fact of her being identifiable as Indian in any way. She verbalized feelings of not having been accepted in her community as a child because of having been "marginal". It appears that this client was undergoing active conflict relative to her culture of earliest orientation and the larger culture in which she had learned to articulate so effectively.

Considering this client's drive and deeply based needs relative to achieving employability in this specific profession, she may have been able to succeed in the absence of the IRP's complex of services. However, the ability of the IRP to expedite the assembly and provision of crucial services to meet concrete situational demands was probably a key factor in her having completed her training program.

automobile accident. He abided by all the provisions of probation but failed all of his coursework fall quarter. He did not return for winter quarter enrollment. Subsequently, he was followed on the reservation and it appeared that a further attempt was warranted in his behalf. But fall quarter enrollment in 1964 produced even poorer performance than had been forthcoming at any time in the past. His drafting instructors recommended that he be discontinued since no measureable progress toward a vocational objective was being made.

Post-training followup indicated that he achieved temporary employment as a surveying aide on a road construction project on the reservation. Later, he held a job with a home construction project earning \$250 per month. He later worked for a short time as a draftsman for the Bureau of Indian Affairs. His file was closed as employed relative to the housing construction job in June 1965. Early in 1966, he was relocated to Cleveland for direct employment as a draftsman by the Bureau of Indian Affairs.

In summary, this severely physically and emotionally handicapped young Indian male was provided five quarters of college level vocational training leading toward a two year certificate in drafting. The client experienced a complex of emotional problems relating to inadequacy that aggravated his academic retardation. His drive for improved socioeconomic status was not strong enough to compete satisfactorily with his well established habit patterns and he eventually rejected the training situation and returned to the reservation. There he worked intermittently on jobs that occasioned the use of some of his training. The prognosis for enduring rehabilitated status was considered only moderately fair.

#### Pre-Vocational Evaluation And Research Detail

##### Vocational Interest:

Interests similar to those of people successful in the following occupational groups were indicated - Dentist, Carpenter and Farmer. Less definite were interests such as Engineer, Production Manager, Artist, Architect and Carpenter. Interests markedly dissimilar to those of persons successful in the following occupations were indicated: Teaching, Accountant and Personnel Director. (SVIB) High interest was indicated in the Artistic area and low interests appeared for the Computational and Persuasive areas. (KPV)

##### Scholastic Aptitude and Mental Ability:

The WAIS produced a Verbal IQ score of 93 (32nd percentile), a Performance IQ score of 114 (83rd percentile) and a Full Scale IQ score of 102 (53rd percentile). The GATB "G" score was 129 (93rd percentile) and certain sub-tests scored as follows: Verbal - 119 (83rd percentile), Numerical - 100 (50th percentile) and Spatial - 150 (99th percentile). The OSATMA scored at 106 (70th percentile) and the RPM scored at the 70th percentile. There is more variation than correspondence across independently derived measures of this trait. The GATB scores were suspect particularly as being far too high.

#### Achievement:

The ACT produced achievement percentiles as follows: English - 25th percentile; Mathematics - 34th percentile; Social Studies - 30th percentile, and Science - 41st percentile.

#### Personal Preference:

He had a very pronounced preference for familiar situations rather than for a variety of new experiences. He preferred working with things rather than ideas. He very definitely preferred smooth pleasant social rather than stressful interpersonal situations. He showed no preference for directing the thoughts or actions of other people. (KPP) He had a definite need to conform to custom and avoid the unconventional, let others make the decisions. He had a high need for orderliness, pre-organization of work. He did not like to be the center of attention. A high need for autonomy was indicated, suggesting some internal conflicts. He had very little need to impose his interests or opinions on others. He felt little need to aggress upon others. (EPPS)

#### Self and Interpersonal Values:

He was very much concerned with economic things, i.e. self-preservation, and was very practically oriented. He attributed very little value to loving other people, being altruistic or philanthropic. (SV) He did not value being treated kindly and with understanding. He placed high value on doing what was accepted and proper, being a conformist. He did not attach value to being considered important, achieving recognition. He valued doing things for other people, sharing with others. No value was attributed to having authority over others, being in a position of leadership or power. (SIV)

#### Personality:

A slight tendency toward emotional instability was indicated. Prefers to be alone, ignoring advice of others. Manifests tendency to be submissive, having definite feelings of inferiority. (BPI) High anxiety and compulsivity tended to distort test outcomes on the SORT.

#### Study Habits and Attitudes:

He scored at the 38th percentile, ranking 10th from the top in a IRP group of 23 student scores. Barriers to effective self application were identified as follows: unable to concentrate well because of periods of restlessness, moodiness, or "having the blues"; did not establish study period goals; did not prepare for examinations systematically by the logical ordering of facts to be learned; and was unable to finish examinations on time. (SSHA)

### Service Program Evaluation and Related Observations

The IRP was very successful in coordinating the resources necessary to finance the client's training. Special IRP programs were also appropriate to his needs, but he was not responsive to guidance and counseling to the extent that these services were ever given full use. Psychiatric evaluation was indicated but the nature of the training program and the diagnostic impression were not supportive of this approach. Deeply imbedded personality barriers very effectively inhibited his growth. Furthermore, given these barriers, it was considered highly unlikely that the client could have profited at all had he been placed in the training setting lacking the advantages of the IRP program.

## APPENDIX B

### Summarized Statistical Data

IRP researches uncovered the fact that there was virtually no pertinent literature against which to make test data comparisons in terms of other-ethnic population samples upon which the instruments were not standardized. This fact prevented direct comparisons across similar sub-cultural groups. Therefore, rather than lose the valuable data accumulated through IRP research, they are documented here with the hope that other researchers interested in problems of trans-cultural measurement will profit thereby.

Asterisks were used to designate statistically significant differences, one asterisk referring to the 5 percent confidence level and two referring to the 10 percent confidence level. Few differences were significant at the one percent level and, considering the nature and mass of the data, it seemed advisable to report differences even at the 10 percent level to avoid overlooking completely some potentially significant relationships. In the event that more than two groups of data were compared in the same table, footnotes specify the groups to which the significance levels refer.



TABLE I

## KUDER PREFERENCE RECORD-VOCATIONAL

Means and Standard Deviations  
of  
White and Indian Adult Male Scores

<u>Out</u>	<u>Mech</u>	<u>Com</u>	<u>Sci</u>	<u>Per</u>	<u>Art</u>	<u>Lit</u>	<u>Mus</u>	<u>Soc</u>	<u>Cle</u>
<u>Standardization Sample (N=1000)</u>									
Mean = 43.45	43.60	28.31	39.98*	41.13*	22.85*	19.62*	12.38	41.96*	46.04*
S.D. = 14.91	12.87	8.73	10.44	14.61	9.06	8.14	6.49	12.75	12.71
<u>Indian Rehabilitation Project (N=42)</u>									
Mean = 41.57	41.14	30.40	31.79	26.93	29.64	18.36	11.26	45.93	49.45
S.D. = 14.13	10.86	7.10	10.67	12.27	9.37	3.50	6.80	8.87	10.34

TABLE II

## KUDER PREFERENCE RECORD-PERSONAL

Means and Standard Deviations  
of  
White and Indian Adult Male Scores

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
<u>Standardization Sample (N=1000)</u>				
Mean = 30.79	39.28	31.57	38.92	42.15*
S.D. = 11.40	9.66	9.52	8.97	11.26
<u>Indian Rehabilitation Project (N=36)</u>				
Mean = 29.06	39.06	29.00	39.08	33.67
S.D. = 11.83	8.93	10.49	8.75	12.76

TABLE III

## STUDY OF VALUES

Means and Standard Deviations  
of  
White and Indian College Male Scores

	<u>Theoretical</u>	<u>Economic</u>	<u>Aesthetic</u>	<u>Social</u>	<u>Political</u>	<u>Religious</u>
<u>Standardization Sample (N=3778)</u>						
Mean=	39.75*	40.33*	38.88*	39.56*	40.39*	41.01
S.D. =	7.27	7.61	8.42	7.03	6.44	9.31
<u>Indian Rehabilitation Project (N=35)</u>						
Mean =	42.21	44.21	32.76	37.47	42.33	39.49
S.D. =	5.43	6.61	6.45	3.70	4.88	5.04

TABLE IV

## SURVEY OF INTERPERSONAL VALUES

Means and Standard Deviations  
of  
White and Indian College Male Scores

	<u>S</u>	<u>C</u>	<u>R</u>	<u>I</u>	<u>B</u>	<u>L</u>
<u>Standardization Sample (N=1075)</u>						
Mean =	14.9	12.3	12.4	19.3	13.6	17.3
S.D. =	5.5	6.6	5.0	7.2	6.5	7.2
<u>Indian Rehabilitation Project Sample (N=31)</u>						
Mean =	12.6	10.2	8.4	18.7	16.6	12.3
S.D. =	4.7	5.0	3.8	6.3	5.6	6.2

TABLE V

THE (BERNREUTER) PERSONALITY INVENTORY

Means And Standard Deviations

of

White And Indian College Male Scores

	<u>B1-N</u>	<u>B2-S</u>	<u>B3-1</u>	<u>B4-D</u>	<u>F1-C</u>	<u>F2-S</u>
	<u>Standardization Sample (N=658)</u>					
Mean =	-57.3	27.0	25.6	45.9	-51.5	-25.9
S. D. =	82.2	52.8	49.6	65.6	83.6	59.4
	<u>Indian Rehabilitation Project (N=43)</u>					
Mean =	49.8	9.4* <sup>1/</sup>	-29.2	33.7	-10.1* <sup>1/</sup>	-49.0* <sup>1/</sup>
S. D. =	84.9	46.6	44.3	64.7	96.5	44.3
	<u>White NMC DVR Men (N=30)</u>					
Mean =	-88.4* <sup>2/</sup>	21.5	-21.7	45.2	-49.7* <sup>2/</sup>	-18.1* <sup>3/</sup>
S.D. =	70.5	37.9	40.9	57.2	71.5	31.5

<sup>1/</sup> Standardization sample compared to the Indian male group.

<sup>2/</sup> Standardization sample compared to the white male group.

<sup>3/</sup> The IRP group compared to the white DVR group.

TABLE VI

## STRUCTURED-OBJECTIVE RORSCHACH TEST

Means And Standard Deviations  
of  
White And Indian College Student Scores

	<u>W</u>	<u>D</u>	<u>Dd</u>	<u>S</u>	<u>F</u>	<u>f-</u>	<u>M</u>	<u>FM</u>	<u>FC</u>	<u>CF</u>	<u>Fch</u>	<u>A</u>	<u>H</u>	<u>P</u>	<u>O</u>
<u>Standardization Samples</u>															
<u>MALES (N=456)</u>															
Mean=	32.5	51.4	13.2	12.6	27.3	13.7	8.5	10.4	13.4	7.8	16.5	32.7	21.9	57.6	4.9
S.L.= <sup>1/</sup>	4.3	4.4	2.9	2.1	3.4	2.6	2.7	2.5	2.4	2.5	2.6	4.4	4.2	5.4	2.4
<u>FEMALES (N=511)</u>															
Mean=	30.6	53.3	13.5	15.6	26.8	13.2	9.4	10.7	13.0	9.0	16.0	32.2	22.5	57.5	5.8
<u>Indian Rehabilitation Project Groups</u>															
<u>MALES-</u>															
TEST (N=39) M=	30.1	54.6 <sup>*2/</sup>	14.4 <sup>**</sup>	12.4	28.3	13.3	7.7	10.4	12.3 <sup>*</sup>	8.1	19.5 <sup>*</sup>	35.4 <sup>**</sup>	19.7 <sup>*</sup>	50.7 <sup>*</sup>	7.0 <sup>*</sup>
S.L.=	6.5	5.5	3.9	2.9	6.2	2.5	3.2	2.6	2.2	2.5	4.4	8.7	4.2	6.1	3.0
RETEST (22) M=	28.1	56.0	15.8	12.2	30.0	13.4	8.5	10.6	11.7	8.7	17.7	35.8	20.3	50.4	8.6
S.L.=	6.6	5.3	3.4	3.1	5.7	3.0	4.6	2.3	3.0	2.6	4.8	4.7	6.3	6.5	5.0
<u>FEMALES (N=10)</u>															
Mean=	30.9	54.6	14.0	13.1	26.9	15.5	7.9	10.4	13.0	7.5	19.0	34.9	20.1	52.7	6.8
S.L.=	5.9	3.4	3.8	2.4	3.0	2.8	2.0	2.6	2.5	2.3	3.3	4.9	2.8	5.6	3.4

<sup>1/</sup> Derived from a standardization study of 79 college students rather than from the basic college standardization group of 456 cited above. <sup>2/</sup> Male standardization sample-IRP male group.

TABLE VII

EDWARDS PERSONAL PREFERENCE SCHEDULE

Means and Standard Deviations

of

National White, Local White and Indian College Male Scores

	<u>Ach</u>	<u>Def</u>	<u>Ord</u>	<u>Exh</u>	<u>Aut</u>	<u>Aff</u>	<u>Int</u>	<u>Suc</u>	<u>Dem</u>	<u>Aba</u>	<u>Nur</u>	<u>Cha</u>	<u>End</u>	<u>Het</u>	<u>Agg</u>	<u>Con</u>
<u>Standardization Sample (N=760)</u>																
Mean=	15.66	11.21 <sup>*1/</sup>	10.23 <sup>*</sup>	14.40 <sup>*</sup>	14.34	15.00	16.12 <sup>*</sup>	10.74 <sup>*</sup>	17.44 <sup>*</sup>	12.24 <sup>*</sup>	14.04 <sup>*</sup>	15.51 <sup>**</sup>	12.66 <sup>*</sup>	17.65 <sup>*</sup>	12.79	11.53
S.E.=	4.13	3.59	4.31	3.53	4.45	4.32	5.23	4.70	4.88	4.93	4.80	4.74	5.30	5.48	4.59	1.88
<u>White NMC Students (N=25)</u>																
Mean=	14.11	12.56	12.26 <sup>*2/</sup>	14.30	16.08 <sup>**</sup>	14.62	16.61	9.83	11.33 <sup>*</sup>	16.70 <sup>*</sup>	14.80	16.96	15.48 <sup>*</sup>	12.17 <sup>*</sup>	12.24	10.84
S.L.=	4.83	3.53	4.10	3.47	4.12	4.14	4.50	4.48	5.21	4.58	3.44	4.91	4.35	5.77	3.75	1.77
<u>Indian Rehabilitation Project (N=25)</u>																
Mean=	16.40 <sup>**3/</sup>	13.34	13.16	12.32 <sup>**</sup>	13.80 <sup>**</sup>	15.40	13.36 <sup>*</sup>	9.08	13.46	15.16	15.60	17.14	16.22	13.90	11.64	10.92
S.L.=	3.34	4.04	4.32	3.80	4.12	4.08	4.43	4.15	5.58	5.05	3.90	4.76	5.02	6.50	4.24	1.79

1/ Standardization sample and the IRP group compared.

2/ The IRP and white NMC students compared.

3/ The standardization sample and white NMC students compared.

TABLE VIII

## STRONG VOCATIONAL INTEREST BLANK

OCCUPATION	NORM GROUP <sup>1/</sup>		INDIAN GROUP <sup>2/</sup>	
	Mean	S.D.	Mean	S.D.
Artist	22.8	11.3	24.0	26.3
Psychologist (Rev.)	--	--	19.0	17.2
Architect	24.7	11.7	25.0	28.0
Physician	--	--	28.0	18.8
Osteopath	--	--	35.0	17.3
Dentist	25.8*	12.1	33.0	23.7
Veterinarian	--	--	30.0	17.3
Mathematician	20.7	13.0	18.0	17.0
Physicist	--	--	16.0	17.6
Engineer	30.4	14.3	28.0	22.1
Chemist	25.0	15.0	26.0	14.3
Production Manager	34.6*	10.8	36.0	11.8
Farmer	33.6*	11.4	52.0	21.8
Aviator	24.0*	11.9	41.0	20.9
Carpenter	20.2	14.5	39.0	28.6
Printer	28.5*	11.3	47.0	16.0
Math. Sci. Phys. Teacher	28.7*	12.9	37.0	20.9
I.A. Arts Teacher	--	--	32.0	26.1
Voc. Agricult. Teacher	--	--	33.0	22.9
Policeman	27.4*	10.6	42.0	18.6
Forest Service Man	22.5*	13.2	29.0	23.9
YMCA Phys. Director	23.6*	13.2	31.0	23.1
Personnel Director	27.7	13.3	24.0	26.4
Public Administrator	31.7	11.4	30.0	24.0
YMCA Sec.	23.6*	14.6	23.0	21.9
Soc. Sci. H.S. Teacher	26.0**	13.9	33.0	26.6
City School Supt.	22.9*	13.7	16.0	22.9
Social Worker	--	--	24.0	7.2
Minister	18.7	15.4	19.0	16.8
Musician (Performer)	--	--	34.0	19.1
C.P.A.	26.0*	11.8	21.0	18.4
Senior C.P.A.	--	--	38.0	25.7
Accountant	29.2	12.5	31.0	23.8
Office Man	32.7*	12.1	39.0	22.7
Purchasing Agent	32.4	11.7	32.0	14.2
Banker	31.8**	9.9	35.0	12.0
Mortician	--	--	35.0	11.1
Pharmacist	--	--	34.0	12.5
Sales Manager	31.4*	11.6	26.0	12.9
Real Estate Salesman	35.7	10.0	36.0	12.0
Life Insurance Salesman	30.9	11.8	28.0	18.4
Advertising Man	30.8*	10.2	27.0	10.6
Lawyer	31.2*	11.5	25.0	18.9
Author-Journalist	30.0	10.0	28.0	15.2
President-Mfg. Concern	34.6*	12.5	28.0	14.4
Interest Maturity	--	--	48.0	15.8
Occupational Level	58.9*	8.2	44.0	15.1

1/ The standardization sample was composed of 500 Men-In-General, according to the SVIB Manual, 1959.

2/ The Indian group consists of 53 male testee scores, 12 of which were produced by non-IRP Indians.

TABLE IX

## GENERAL APTITUDE TEST BATTERY

Means and Standard Deviations  
of  
White DVR Student and Various Indian Group Scores

	<u>G</u>	<u>V</u>	<u>N</u>	<u>S</u>	<u>P</u>	<u>Q</u>	<u>K</u> <sup>1/</sup>	<u>F</u>	<u>M</u>
	<u>Indian Rehabilitation Project (N=52)</u>								
Mean=	103.11	99.65	98.25	111.04	106.81	104.50	98.70	92.67	89.73
S.D.=	14.51	15.48	17.67	16.90	12.01	14.70	16.21	18.93	23.82
	<u>Adult Vocational Training Indian Students (N=59)</u> <sup>2/</sup>								
Mean=	92.5	89.5	93.4	104.8	106.1	103.4	102.8	92.4	91.6
	<u>Other Indian Applicants (N=48)</u> <sup>3/</sup>								
Mean=	90.7	90.1	85.1	99.1	94.8	94.3	87.8	79.1	80.6
	<u>All Indian Norm (N=159)</u>								
Mean=	95.4	93.0	92.3	104.8	102.7	100.6	95.7	84.7	83.6
	<u>White DVR Students (N=46)</u> <sup>4/</sup>								
Mean=	107.4	101.8	103.1	111.1	109.4	102.9	97.4	91.4	92.5
S.D.=	11.4	10.5	10.9	21.0	18.2	10.1	16.5	20.6	20.4

1/ Only 52 IRP students took the GATB.

2/ Eighty AVT students (exclusive of 19 cooperative BIA-IRP students) attended NMC between the years of 1962 and 1965. Files in the BIA Area Office produced GATB profiles for 59 of these people. The GATB is not mandatory for AVT application in all cases.

3/ Forty-eight GATB profiles were collected that had been earned by applicants for either AVT or DVR-IRP service; these people did not achieve training case status.

4/ Forty-seven profiles were collected from a universe of 160 DVR training cases at NMC who were non-Indians; general DVR policy does not require GATB administration in all cases, even when a training plan is contemplated.



TABLE A  
WECHSLER ADULT INTELLIGENCE SCALE

Means and Standard Deviations  
of  
Indian Score Groups

	<u>I</u>	<u>C</u>	<u>Ar</u>	<u>S</u>	<u>LSp</u>	<u>V</u>	<u>VS</u>	<u>Via</u>	<u>DSY</u>	<u>IC</u>	<u>B</u>	<u>IA</u>	<u>C</u>	<u>IS</u>	<u>FI</u>	<u>SS</u>	<u>FSLC</u>
<u>Indian Rehabilitation Project Indians (N=53)</u>																	
Mean =	15.5	17.5	10.5	12.1	10.8	39.5	58.2	98.1	51.2	3.9	36.6	21.9	33.9	50.9	101.8	109.1	99.8
S.D. =	3.8	4.0	4.0	4.6	1.5	12.1	9.8	10.4	10.6	2.9	7.0	5.9	4.9	7.0	7.8	14.7	8.6
<u>Other Indians (N=44)<sup>1/</sup></u>																	
Mean =	10.5	13.4	8.6	6.9	9.8	26.0	44.3	85.0	42.7	11.3	31.8	17.8	30.3	44.1	53.4	88.1	88.1
S.D. =	5.6	4.5	2.8	5.4	2.1	13.7	14.6	15.0	9.7	3.2	8.4	5.0	8.2	7.7	10.8	20.0	11.9
<u>All Indians (N=97)</u>																	
Mean =	13.1	15.5	9.6	9.7	10.3	33.4	52.8	91.8	47.9	12.7	34.5	20.0	32.0	47.9	98.8	102.2	94.6
S.D. =	5.3	4.5	2.9	5.6	2.1	14.5	13.9	--	11.2	3.3	8.1	5.9	6.9	8.2	--	20.6	--

<sup>1/</sup> Scores earned by Indian prospects under consideration as LVR clients but who were not selected for IRP training.

TABLE XI

## WASHBURN SOCIAL-ADJUSTMENT INVENTORY

	<u>T</u>	<u>H</u>	<u>A</u>	<u>S</u>	<u>F</u>	<u>I</u>	<u>C</u>	<u>SA</u>
<u>Male:</u>								
		1						
1) IRP Clients (N=32)	9	<u>7-</u>	<u>19-</u>	<u>20-</u>	<u>50-</u>	5	<u>16-</u>	<u>127-</u>
2) NMC Whites (a) (N=36)	7	4	<u>16-</u>	<u>21-</u>	<u>49-</u>	4	14	114
3) NMC Whites (b) (N=22)	7	3	<u>19-</u>	<u>20-</u>	<u>51-</u>	5	13	<u>118-</u>
4) College Male Norms	10	3	10	13	40	4	10	102
<u>Female:</u>								
1) IRP Clients (N=5)	3	<u>6-</u>	<u>21-</u>	<u>7+</u>	45	<u>10-</u>	<u>17-</u>	<u>118-</u>
2) NMC Whites (N=23)	7	4	14	10	44	5	11	94
3) College Female Norms	10	3	10	9	40	4	10	102

1

The mean scores underlined are those which occur beyond (positively or negatively) the national score ranges that indicate normalcy for each trait.

COOPERATIVE AGREEMENT BETWEEN THE BUREAU OF INDIAN AFFAIRS AND  
THE MONTANA DIVISION OF VOCATIONAL REHABILITATION

- - - - -

I. Need for Agreement:

On Indian reservations of Montana are found large numbers of physically and occupationally handicapped individuals. Many of these can be rehabilitated through a vocational training program and placed in remunerative employment. Among agencies interested in helping the handicapped Indian individual are the Bureau of Indian Affairs and the Division of Vocational Rehabilitation. However, to preclude an overlap of services on one hand and to assure adequate coverage of the handicapped individuals' needs a Memorandum of Understanding between the two agencies is necessary.

- II. Purpose: The purpose of this agreement is to establish basic working relationships between the Bureau of Indian Affairs and the Division of Vocational Rehabilitation in order that the respective services of the two agencies may be defined and used jointly if necessary to meet the interests and problems of the handicapped Indian.

III. Functions and Services of the Division of Vocational Rehabilitation:

A. Eligibility: The Division of Vocational Rehabilitation provides vocational rehabilitation services to the physically and mentally handicapped. Responsibility for determining eligibility of individuals for these services rests solely with the rehabilitation agency. Following are the criteria of eligibility for vocational rehabilitation services:

1. The presence of a physical or mental disability and the resulting functional limitation or limitations in activities;
2. The existence of a substantial handicap to employment caused by the limitations resulting from such disability; and,
3. A reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a remunerative occupation.

B. Services: The following services are made available for the purpose of rendering handicapped persons, including Indians, fit for remunerative or more advantageous employment:

1. Medical diagnosis to learn the nature and degree of disability and to help determine eligibility for services, the need for additional medical and other services, and the individual's work capacities;
2. Medical, surgical, psychiatric, and hospital services to remove or reduce the disability;

3. Artificial limbs and other prosthetic appliances;
4. Individual counseling and guidance, including psychological testing, to help select and attain a vocational objective;
5. Training, including vocational training, pre-vocational and adjustment training;
6. Maintenance and transportation during treatment, training, or any other phase of the actual rehabilitation process;
7. Tools, equipment, initial stocks, including livestock and occupational and business licenses, and supplies if these are necessary to fit the individual for remunerative employment;
8. Placement in a job commensurate with the individual's physical and mental capacities;
9. Follow-up to insure that the rehabilitated person is successfully placed and that both he and his employer are satisfied.

#### IV. Functions and Services of the Bureau of Indian Affairs:

A. Eligibility: In order to avail themselves of services offered by the Bureau of Indian Affairs, Indians must meet the following eligibility requirements:

1. A member of a recognized tribe, band or group of Indians and of one-fourth or more degree of Indian blood, and
2. Live within the exterior boundary of an Indian reservation under the jurisdiction of the Bureau of Indian Affairs, or live on trust or restricted land under the jurisdiction of the Bureau of Indian Affairs.

B. Functions and Services: The following services are available to assist those qualified, handicapped Indians to become fit for remunerative or more advantageous employment:

1. Financial assistance for the handicapped individual and his family during the training period. Such assistance includes: funds for food, shelter, transportation, housewares, tools, books, medical services and clothing. Funds granted are based on the need of the individual or members of the family.
2. Counseling on budgeting, money management, adjustment to the community, schooling for children, preparation of meals, etc.
3. Assistance in obtaining employment upon discontinuance or completion of training, including employment counseling.
4. Assistance in locating suitable housing consistent with the ability to pay.

5. Vocational training of a degree needed to develop adequate skills for obtaining reasonable and satisfactory employment.

#### V. Joint Planning:

The objective held in common by the Division of Vocational Rehabilitation and the Bureau of Indian Affairs is to help those disabled Indians, who can, to achieve self-dependence. Their respective functions in carrying out this purpose, however, differ. Although each agency provides a series of discrete and separable services, there are also services which may be provided by either and thus the possibility of overlapping exists. Mutual understanding and correlation of activities are needed for sound program development and provision of the best possible service to the individual Indian.

It is thus strongly recommended that local representatives of the two agencies engage in joint planning sessions on a face-to-face basis concerning the needs of individual clients. Such sessions will help to insure the development of a well-rounded program of services.

#### VI. Responsibilities of Both Agencies:

Because some person may qualify for maintenance (general assistance), training and counseling services under either program, it is especially important to reach a clear-cut agreement and give staff definite instructions on respective responsibilities for these services. The following principles, which should govern the provision of services rendered to disabled Indians, are recommended by the two agencies:

- A. The services provided by both agencies, though varying from case to case, should so complement each other as to provide a comprehensive range of services geared to the needs of the eligible handicapped Indian. To this end, face-to-face planning sessions by representatives of both agencies are recommended.
- B. Each agency will provide the services most appropriately identified with that agency.

#### Specifically:

1. Vocational diagnosis (including psychological and medical examinations), vocational counseling and guidance, training, physical restoration, and placement services will be provided by the Division of Vocational Rehabilitation for the handicapped individual who is determined eligible for such services.
2. The Division of Vocational Rehabilitation will have the primary responsibility for providing financial assistance in the way of maintenance and transportation for the eligible handicapped individual. The Bureau of Indian Affairs may, through the Branch of Employment Assistance, furnish additional financial assistance to meet the needs of the individual or his family.

3. Family counseling involving community adjustment, budgeting, money management, housing and medical services will be made available if practical by the Bureau of Indian Affairs, otherwise will be done by the Division of Vocational Rehabilitation.
4. Needed vocational training and placement assistance beyond that furnished by the Division of Vocational Rehabilitation may be made available to otherwise qualified handicapped individuals by the Bureau of Indian Affairs.

#### VII. Referral of Cases:

The Bureau of Indian Affairs will encourage their field services personnel to refer to local representatives of the Division of Vocational Rehabilitation all Indians coming to their attention who have either mental or physical impairments, and will perform such additional services as are within their authority to assist eligible disabled Indians to obtain the full benefits available under the State-Federal vocational rehabilitation program.

Upon referral of cases, it is recommended that the local personnel of each agency confer with respect to eligibility for services, problems and factors relating to the successful achievement of the vocational objective and providing for the integration and coordination of services through the development of a joint plan of services and responsibilities.

#### VIII. Exchange of Case Information:

Release of information about individuals or families relevant to establishing or continuing their eligibility for service will be granted between the two agencies. However, the confidential character of the information released will be preserved by both agencies in accordance with applicable regulations and the information will be used only for the purpose for which it is made available.

#### IX. Consulting Services:

The Bureau of Indian Affairs through its field personnel will extend consulting services to Division of Vocational Rehabilitation personnel with respect to training, employment and employment opportunities and will aid in the evaluation of such opportunities.

The Division of Vocational Rehabilitation program, through its professional staff, will extend consulting services to Bureau of Indian Affairs personnel in the interpretation and recognition of the range of disablement, determining eligibility for rehabilitation services, and the occupational potentialities of disabled Indians.

#### X. Special Services:

The Bureau of Indian Affairs and the Division of Vocational Rehabilitation will undertake jointly, from time to time, such studies, research and projects, as might contribute to the vocational rehabilitation of physically and mentally handicapped Indians.

The Division of Vocational Rehabilitation and the Bureau of Indian Affairs will undertake jointly, from time to time, the preparation and distribution of literature and other information on the rehabilitation of handicapped Indians. Both the Division of Vocational Rehabilitation and local jurisdictions of the Bureau of Indian Affairs are urged to cooperate in developing special programs in areas of mutual concern and interest. Thus, such activities as joint training conferences, research and demonstration projects, and the development of special services and facilities could be undertaken which would strengthen and expand the program of service to disabled Indians. In so doing, each agency should utilize the statutory provisions of its own program, or other appropriate public and private resources.

XI. Termination and Modification of Agreement:

Either party, Bureau of Indian Affairs or Division of Vocational Rehabilitation, may request at anytime a conference with the other party for the purpose of modifying or terminating this agreement. In case of mutual consent to terminate the agreement final action shall not take place until there has been a lapse of one full month after the date of conference.



## Index to Standardized and Other Research Instruments

### General Learning Ability

- Wechsler Adult Intelligence Scale, David W. Wechsler. The Psychological Corporation. (WAIS)
- Raven Progressive Matrices, Sets A, B, C, D and F, J. C. Raven. The Psychological Corporation. (RPM)
- Otis Self-Administering Test of Mental Ability, Higher Examination, Form A. Arthur S. Otis. Harcourt, Brace and World, Inc. (OSATIA)
- Test of "g": Culture Free, Second Edition, Scale 3, Form A. R. B. Cattell and A. K. S. Cattell. Institute For Personality and Ability Testing. (IPAT)

### Interest

- Strong Vocational Interest Blank, Revised (Form M for Men and Form W for Women). Edward K. Strong, Jr., Stanford University. Consulting Psychologists Press. (SVIB)
- Kuder Preference Record-Vocational, Form CH. G. Frederick Kuder, Duke University. Science Research Associates. (KPV)
- Kuder Preference Record-Personal, Form AH. C. Frederick Kuder, Duke University. Science Research Associates. (KPP)

### Aptitude

- General Aptitude Test Battery. United States Employment Service. (GATB)
- Differential Aptitude Test Battery, Form A. The Psychological Corporation. (DAT)

### Personality

- Minnesota Multiphasic Personality Inventory, Starke R. Hathaway and J. Charnley McKinley. The Psychological Corporation. (MMPI)
- The Personality Inventory, Robert G. Bernreuter. Stanford University Press. (BPI)
- Structured-Objective (S-O) Rorschach Test, Preliminary Edition. Joice B. Stone. California Test Bureau. (SORT)
- Survey of Interpersonal Values, Preliminary Edition. Leonard V. Gordon. Science Research Associates. (SIV)
- Study of Values, 3rd Edition, Gordon W. Allport, Phillip F. Vernon and Gardner Lindzey. Houghton-Mifflin Company. (SV)
- Edwards Personal Preference Schedule, Allen L. Edwards, University of Washington. The Psychological Corporation. (EPPS)

### Achievement

- The American College Testing Program. Iowa City, Iowa. (ACT)
- Iowa Silent Reading Tests, New Edition, Advanced Test: Form Am. H. A. Greene, A. N. Jorgensen and V. K. Kelley. World Book Company. (ISRT)

### Other Standardized Instruments

Survey of Study Habits and Attitudes, W. F. Brown and W. H. Holtzman. The Psychological Corporation. (SSHA)  
Washburn Social-Adjustment Inventory, Thespis Edition. John W. Washburne, Syracuse University. World Book Company. ('SAI)

### Non-Standardized Instruments

Guttman Scale of Acculturation, as in use by James W. Bosch, Oregon State Hospital, Salem. (GSA)

Sentence Completion Schedule (Mitchell-Meltzoff), as adapted from Gelfand et al. (SCS)

Instrumental Activities Inventory, as adapted from the work of George Spindler et al., Stanford University. (IAI)

(Bogardus) Social Distance Scale, Emory Bogardus. (SDS)

